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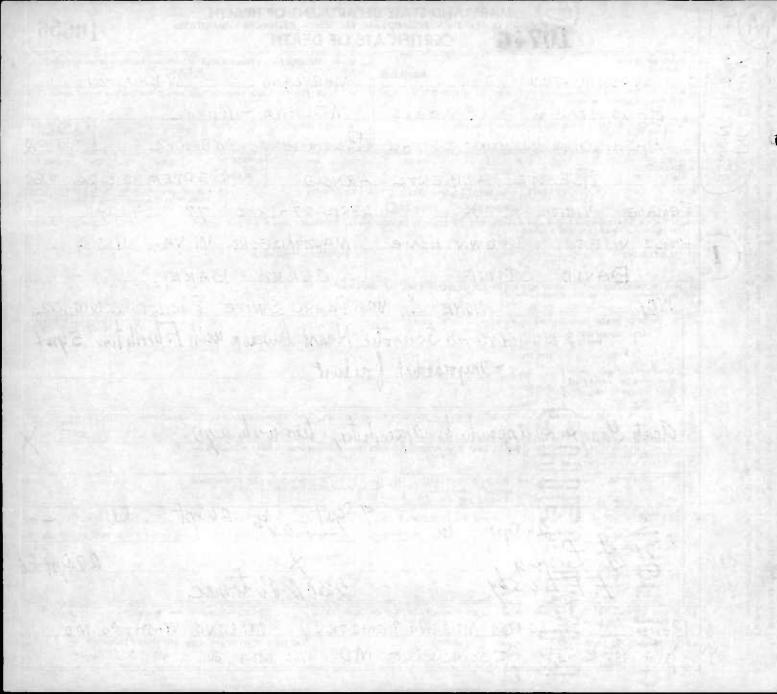
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sician and campletely filled in by the funeral director.	ve carban papers. Pages I and 2 shauld be filed with	1 02 . 1

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

-	1. PLACE OF DEATH O. COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	WASHINGTON	MARYLAND WASHINGTON
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
1	HACERSTONIA 3 WEERS	MT.LENA - KURAL
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1	WASHINGTON COUNTY HOSPITAL	MOONSBORD MD. KIZ. YES NOD
	3. NAME OF First Middle	Last 4. DATE Manth Day Year
1	(Type or print) BESSIE ALBERTA	ARNOLD DEATH SEPTEMBER 26 1960
1	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	FEMALE WHITE WIDOWED DIVORCED	APRIL-27-1883 77 yrs. 4 29 Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stote ar foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	HOUSE WIFE DWN HOME	MARTINISBURG W.VA. U.S.A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
,	BAVID STINE	CLARA BAKER
		INFORMANT Address
	(Yes, no, or phknown) (If yes, give war or dates of service)	IRS. PEARL SWOPE BOONSBORD MD. R.Z.
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	1 INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	To bean Nisser o terly to hail to onset AND DEATH
	DUE TO	A . A
	Conditions, if ony, which) + mentantal	s. Vise
	gove rise to immediate	Tallan
	couse (q), stating the <u>under-</u> lying couse lost.	
	(c)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	E ant Houseway annough to -annou	No. Tra. = TUD Urce by QUM) PERFORMED? YES \(\text{NO.} \text{NO.} \text{VE}
	200 ACCIDENT WAS LINDERLYING TO JOHN DESCRIBE HOW INTERPROPERTIES	RED. (Enter nature of injury in Part I or Part IV of item 18.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONDITIONS CONTRIBUTIONS CONTRIBUTION	
		PLACE OF INJURY (Hame, farm, 1 20f. (City or town) (County) (State)
	Hour a.m. While Not while	octory, street, office bldg., etc.)
	p. m. 19 at work at work	of Colot in all Control
	21. I certify that (I) (this haspital) attended the deceased fram	
		death occurred at 230 M, from the causes and an the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
	2 2 dessey,	M.D. PHYS. DIRECTOR PHYS. LINE OF
	22c. PHYSICIAN'S FF L USBV	22d. ADDRESS P. Tomas
	1000	23011 10 4 Marc
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or caunty) (State)
0	BURIAL SEPT. 30-1960 MT. LENA CI	EMETERY MILENA WASH, CO. MD
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
)	The b. Part DOONSBORD	MLD, DATE OCT 3 '60 Orlan S. Kinns



fter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

o. STATE

Bittle

B. DATE OF BIRTH

17. INFORMANT

d. STREET ADDRESS

Lost

Moryland

Middletown

1870

Maryland
14. MOTHER'S MAIDEN NAME

tenie schotic heart dieare

4. DATE

Catherine Routzahn

Mrs. Simon Summers, Middletown, Md.

DEATH

10804 CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

Middle

DIVORCED |

Flovd

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

farm

16. SOCIAL SECURITY NO

none

10657

IS RESIDENCE ON A FARM?

YES NOW

Yeor

160

Frederick

Day

24

Doys

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN ONSET AND DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

Month

9

yrs.

Address

Months

9. AGE (In years

lost birthday)

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ed with	
ě	M
pe	
Р	

1. PLACE OF DEATH

Washington

RURAL and give nearest town)

b. CITY OR TOWN (If outside corporate limits, write

during most of working life, even if retired)

William Metzer Bittle

WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

farm owner

Conditions, if ony, which gove rise to immediate

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

Nursing Home

white

yes, give wor or dates of service

IMMEDIATE CAUSE (o)

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

First

David

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED X

o. COUNTY

Gateway

(Type or print)

13. FATHER'S NAME

no

NAME OF DECEASED

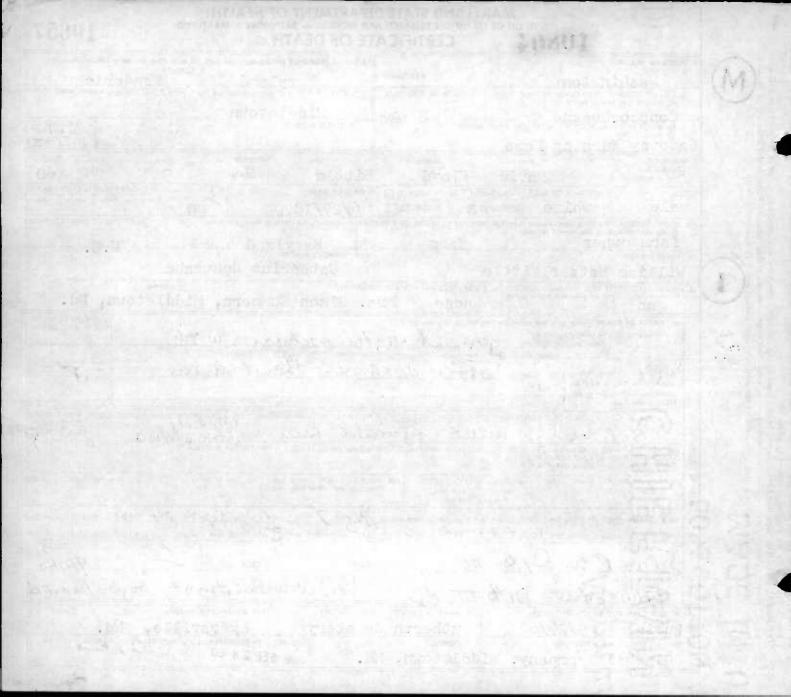
male

5. SEX

~	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \) NO \(\sigma \)
0	CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I of 1654 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of or work of other or work of work o
		21. I certify that (I) (this haspital) attended the deceased from $40 - 7 - 1960$, that (I) (we) last saw the deceased alive an $50 + 23 - 1960$, and that death accurred at $40 - 80 - 80$, from the causes and an the date stated above.
		220 SIGNATURE Schwarz W. DIX III M.D. ATTENDING MED. STAFF PHYS.
		22c. PHYSICIAN'S NAME ITYPE) Lacuard W. Ditto III, MD 211 W. Washington St lagers town, Dd.
6	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Slote) burial 9/27/60 Lutheran Cemetery Myersville, Md.
B	24.	FUNERAL DIRECTOR'S SIGNATURE Gladhill Company, Middletown, Md. DATE SEP 2 8 '60 250. REC'D BY REGISTRAR CALLING A. Phone

funeral directar shou the 12 P in bus campletely filled ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Poges death haurs after papers. ond pou 72 physician COL remove event attending please any pup by ed by rmit.

VR 1SA



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10747 MEDICAL EXAMINE ecessary, please exer-PLACE OF DEATH MARYLA burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN and give nearest town) Page 5 may be retained for your files. OR INSTITUTION (If not in hospital, give street address NAME OF DECEASED Middle CAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral (Type or print) ace 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED N DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired) nkhous 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. File cate, writing the word "pending" in pencil in Item 18. Gi cute the contacts, writing the word "pending" in pencil in Item 18. G forwarded to the Chief Medical Examiner's Office along with form PM3 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B CERTIFICATION 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRE 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while of work of work 21, I certify that I took charge of the remains described of death resulted from: Natural causes Accident ACTUAL or removal. TO DEPUTY EXAMINER'S

22c. NAME OF CEMETERY

Rose Hill

Hagerstown. Md.

ADDRESS

R'S	CERTI	FICAT	E OF	DE	ATH	Reg. Dis	it. No	10731
ND	2. USUAL RES	Ma a	here decease	d live	d. If Institu b. COUNT		ice bef	ore admission)
1ь	c. CITY OF	TOWN, (IF	outside corp	orote I	imits, write	RURAL and	give no	earest town)
5	Ma	11	'hot	e			-	21/01/11
	d. STREET	ADDRESS	10	-				e. IS RESIDENCE
	1520	o M7	- Koy	12	lA	ve,		YES NO NO
3/	ed 500	2	4. DATE / OF DEATH	5	ep+	2	Doy /	1960
] B.	7-L	5-0	9	9. AGI	E (In years jithday) yrs.	Months D	YEAR Days	Hours Min.
USTR	Y 11. BIRTHPL	ACE (State	or foreign co	untry)		12. CITIZ	EN OF	WHAT COUNTRY?
d.,,		n. 0						. 5.
-	14. MOTHER'S	MAIDEN N	a vel	-	H.	1/50	7	a
7, IN	FORMANT	6		200	. Address	1	//	1
h	iver	city	Hos	Dil	al	Nec	:07	rds
	11	1/m	X				ONSE	VAL BETWEEN
	1	- m					4	cent
12	red y	la	ure	ter	7		/	7 mo
Ken	1/9	elo	nepo	Lu	X	-	-	0000-00p.0 p
UT NO	OT RELATED TO	THE TERMI	NAL DISEASE	CONE	OITION GIV	EN IN PART		P. WAS AUTOPSY PERFORMED?
). (En	ter nature of in	Jury in Port	I or Port II o	of item	18.)			
PLAC	E OF INJURY (y, street, office	Hame, farm bldg., etc.	20f. ICity	or tow	1- m	(Coun	ity)	Mel.
bov	e, held an	Autops	, D. In	speci	ion \square .	Inquiry		and find that
		lomicide	_		rmined c		<u>'</u>	and this mai
	M.D. CHIEF A	AEDICAL EX	AMINER [0	DATE SIGNED
			AL EXAMINER			-	//	23/
2	-		XAMINER E	<u> </u>	NO.	- /		160
OR C	REMATORY		22d. LOCAT	ION (C	ity, town, o	or county)		(Stote)
em	etery	1	Hage	erst	town,		Ma	ryland
		24a. REC'	BY REGISTR			TRAR'S SIGN		

Carling & House

DATESEP 2 3 '60

VS. A15ME(5) 5M 9/55

NAME (Type)

Burial

REMOVAL (Specify)

Franklin

22a. BURIAL, CREMATION, 22b. DATE THEREOF

23 FUNERAL DIRECTOR'S SIGNATURE
Suter - Rouzer Funeral

				MIRM 3450	
	1				
		era materia y			
one fire	enterprise de la constante de		Tradere	olestelle A	1420
		1000		Island Carry	

10739

1. PLACE OF DEATH 0. COUNTY Washingt			CEKIII	TCAII	OF DEAT	H	PO 11	Reg. Di	st. No.	1	1000
	on		MARYL		USUAL RESIDENCE (W. STATE Md.	here deceased	b. COUNTY	n: Residen			ion)
RURAL ond give near	outside corporate limi	ts, write c. Ll	ENGTH OF STAY II	N 16	c. CITY OR TOWN (IF	outside corpor					1)
Hagerstown				rears		rstow	n				
d. Name of Hospital OR INSTITUTION Washington	a	ive street oddre	ss)		d. STREET ADDRESS						FARM?
3. NAME OF DECEASED (Type or print)	Fir Re	becca	Middle M •		kenstaff	4. DATE OF DEATH	Mon		25		Year 19 60
female	white	7. MARRIED WIDOWED	_		18/1882		9. AGE (In years lastroidhdoy) yrs.	Months Months	Doys	Hours	Min.
10a. USUAL OCCUPATION during most of workin housewif	g life, even if retired)		of Business or		11. BIRTHPLACE (State Md •	ar foreign co	untry)	12. CI	U. Z		COUNTR
13. FATHER'S NAME Michael	Kline			14	Mary N		S				
15. WAS DECEASED EVER (Yes. no. or unknown)	N U. S. ARMED FOR	and and	AL SECURITY NO.	Mrs.	MANT George I	Bussar	d, Hage		own,	Md	e
Conditions, if any gave rise to improve (a), stating the lying cause lost. PART II. OTHER	nediate DUE TO		RIBUTING TO DEAT	TH BUT NOT	RELATED TO THE TERM	IINAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(o) 15	PERFO	RMED?
PART II. OTHER		20b. DESCRIBE			iter nature of injury in					123 []	КОЦ
20c. TIME OF INJURY Hour o. jn. p. m.	Month, Day, Yes	While	OCCURRED Not while of work	foctory.	DF INJURY (Home, fari street, affice bldg., et	n, 20f. (City c.)	or town)	(County)		(Stote)
	I attended the	deceased fr	am. Jan	may	, 19.60, ta	Kart	24 1961	.that I	last sa	w the	decease
actual signature	thy D	. Tu	,_, and that a	death Occ	302 M			nd an t	he dat		
alive an Sea	1		NAME OF CEMET	M.D.	302 M ++4	ADDRESS (SIT	the causes a	nd an t	he dat		126
actual SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION,	9/28/6		rco	M.D.	302 M HA MATORY etery	ADDRESS (SIT	the causes a reet, city or town, or TOMA(STOW ION (City, town, or fsville	nd an t	M I	9 O (State	126,

in the funeral director, and 2 should be filed with TO HOSPITAL SATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hai may be retained by the hospital ar attending physician.

TO FUNERAL MECTOR: After this certificate has been signed by the ottending physician and campletely filled in page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and the registror prior to burial, crematian, or removal, and in any event within 72 haurs offer death.

requires that the death certificate be executed within 24 hours ofter death. Page 4

at 105 40	ATE OF DEATH		10748	
			THE PARTY OF STREET	
		01		
	200 1/0/6			
		9100 HW		
. Dr Birderenalt . Edanes	f shussi in			
				T SPECIAL SECTION SECT
TOTAL SERVICE AND THAT I CHEET PERSON OF TRACE OF		Mr. Branchine		
	CBCLL Speciel s			
			10,000 (10,00)	
The second secon		27000		Albert Jedansen

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	1. PLACE OF DEATH 0. COUNTY					. USUAL RESIDENCE	(Where deceose	ed lived. If institut	ion: Residence b	efore admission)	
10	Washington MARYLAND				YLAND	a. STATE	id.	b. COUNTY	Was	sh.	
	b. CITY OR TOWN (If RURAL and give ne		its, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN	(If outside corp	orote limits, write l	RURAL and give	nearest town)	
	Tilehma		- Fa	18 weeks		Tileh	manten	mia	1		
		AL (If nat in haspital, g				d. STREET ADDRES				e. IS RESIDENCE ON A FARM YES NO	M3
3.	NAME OF DECEASED	Fir	rst	Middl	е	Lost	4. DATE	Мо	nth	Day Year	
	(Type or print)	Nann		May		oyer	DEATH	9	1	19	60
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARR	IED B.	DATE OF BIRTH		9. AGE (In years lost birthday)	Months Da	AR IF UNDER 24	HRS.
	female	white	WIDOWE	and a		-23-1882		77 yrs.		ys Hours M	ın.
10	usual Occupation	N (Give kind af work	done 10b.	CIND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE (S	tate or foreign	country)	12. CITIZEN	OF WHAT COUN	TRY?
	house		'	home		Clearsp	ring. M	id.	US	SA	
13.	FATHER'S NAME					14. MOTHER'S MAIDE					
)	Ada	m Repp				Pasa	Ann My	are			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY NO	D. 17. INFO		Tribut I'll		dress	1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1	
(40	no, or unknown) (If yes, give war or dates of s	service) 7 /	4-36-07	Wrs.	D		D		(4 p)	
F		TH [Enter only one co	nuse per line			Russell C	arbaugn	Book	sbore, 1	MI RI	N
		H WAS CAUSED BY:	/		1				Ċ	INSET AND DEAT	řĤ
	FOLL	IMMEDIATE CAUSE (o		nerroz	n	ever				1 year	_
	281.0	DUE TO	1	0	9		0	>		1-1.	
	Canditions, if or gave rise to in		* gu	my a	un	red	cross.	-		5 que	
	cause (a), stating t										
, ,	lying couse last.) ((c)						<u></u>	/	
Į į	PART II. OTH	ER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DI	EATH BUT NO	OT RELATED TO THE TE	RMINAL DISEA	SE CONDITION GI	VEN IN PART 1(c	19. WAS AUTO PERFORMED	PSY 17
										YES NO	
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY (OCCURRED.	Enter noture af injury	in Port I ar Pa	rt II of item 18.)			
MEDICAL	20c. TIME OF INJURY	Month, Doy, Ye	or 20d. IN	JURY OCCURRED		E OF INJURY (Home,		ry ar town)	(Cour	ity) (S	tote)
AED!	Hour o.m.	19	While at wark	Nat while	foctor	y, street, office bldg.,	etc.)				
_		(1) (1) 1 1 1					10/0.6	11160	1 (0.	4 . 41	_
		(I) (this haspital	i) attende				~ ·	/ "		that (I) (we)	
	saw the decease	ed alive an	-/0	log <u>V</u> and	d that ded	ath accurred at	M, fram	the causes a	nd an the de	ate stated abo	
	/	1911/1	2. 11			ATTENDING PHYS.	MED.	STAFF		SIG	
	22c. PHYSICIAN'S	1.000	nov		M.I	22d. ADDRESS	DIRECTOR	PHYS.		1146	U
	NIAME IT	7 11	7 4	1		1/	1	1	,	/	
	NAME (Type)	BEWC	411	10 /		KIN	10 cos	, my			
23	BURIAL, CREMATION	N, 23b. DATE THEREC	OF.	23c. MAME OF CEA	AETERY OR	REMATORY	23d. LOCA	ATION (City, fown,	or caunty)	(Stote)	==
23		9-14-6		23c. MAME OF CEA		CREMATORY	and the same	ATION (City, fown,	or caunty)	(Stote)	==
	BURIAL, CREMATION REMOVAL (Specify)	9-14-6		0		100	and the same	arspring	or county) ISTRAR'S SIGNA	Md. JURE	=

TOXAGE CHARMANA CONTRACT CONTR A SAN TERMINATED AND A SAN TER Line mercanical alege if lever moreovally Named of the contract 1 cm) of 1 min the 1 min to 1 bones are the little li alost as C.-NI-0 Tabuut Tried to Middle Line Buckets . I here!

10749 **CERTIFICATE OF DEATH**

302

10734

	4 7 1 1 1 1 1								
1. PLACE OF DEA		44 4 8 9	9.	SUAL RESIDENCE (W		b COUNTY		before adm	issian)
	ington	MARY	T	aryland		asning.	ton		
	NN (If outside corporate limits ive nearest town)	, write c. LENGTH OF STAY	IN 1b C.	CITY OR TOWN (IF	outside corpora	ote limits, write R	URAL ond giv	re nearest to	wn)
77	erstown	3 Day	s	Hagers	stown !	R # 1			
d. NAME OF H	OSPITAL (If nat in hospital, giv	re street oddress)		STREET ADDRESS					ESIDENCE A FARM?
	ounty Hospi	tal		Mt Aetna	1				NO 🗆
NAME OF DECEASED (Type or print)	MELVIN First	Middle CHARLES	вон	Lost	4. DATE OF DEATH	Sept	ember	20 1	Year 96 0
. SEX	6. COLOR OR RACE	7. MARRIED 🔀 NEVER MARRIE	D B. DA1	E OF BIRTH	9	. AGE (In years	IF UNDER 1	_	_
Male	White	WIDOWED DIVORCE	Ju	aly 22 18	399	last birthday) 61 yrs.	Months D	Days Haur	's Min.
wner-C	perator Aut	one 10b. KIND OF BUSINESS O Salvage	ne Un	on Bride MOTHER'S MAIDEN	ge Car	roll Co	TTO		T COUNTRY?
	DEVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO	. 17. INFORM			Add	ress		
(Yes, no, or unknown)	(If yes, give wor or dates of ser			Nina B. H	Bohn H		76.60	# 1	
		se per line for (o), (b), and (c).		Mt Aeti	na			INTERVAL	BETWEEN
PART	. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	Uremia	1911					ONSET AN	nths.
13	DUE TO								
Conditions	if any, which) (b)	Carcinoma	of Urin	nary Bladd	er.			5 ye	ars.
	to immediate	11-1-21-11-1							
lying couse	lost. (c)								
PART I		ITIONS CONTRIBUTING TO DEA	ATH BUT NOT I	RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	VEN IN PART	1(a) 19. WA	S AUTOPSY
Š .									FORMED?
PART II 20a. ACCIDEN OR CONTRIBL (IF EITHER, N	IT WAS UNDERLYING THE TIME TO CAUSE OF DEATH DIFFY MEDICAL EXAMINER)	POB. DESCRIBE HOW INJURY O	CCURRED. (Ent	er noture of injury in	Part I or Port	II of item 1B.)			
Haur	NJURY Month, Day, Year b. m. 19	20d. INJURY OCCURRED While Not while at wark at work		F INJURY (Home, forestreet, office bldg., etc.		or town)	(Co	unty)	(Stote
	that (I) (this haspital)	attended the deceased		156 15 accurred at 4:		/20/60		_, that (I)	
22a. SIGNATU			mar deam	dicorred di TT	entity troill !	ne cuoses di	id dir iile		22b. DATE
		0 0	M.D.	ATTENDING M	AED.	STAFF PHYS.			SIGNE
22c. PHYSICIA	N'S XA 10	ed la		22d. ADDRESS	TRECTOR [rnts.			
NAME (T	(pe) 6. 0. Warde	en, M. D.	1321	832 Potom	ac Ave.	, Hager	stown,	Md.	
3a. BURIAL, CRE/		23c. NAME OF CEM	ETERY OR CRE	MATORY	23d LOCATI	ON (City, tawn,	or county)	(S	tate)
Burial	9/23/60	Beaver Da	m Cem			Bridge	Carr	011 0	o Md
	CTOR'S SIGNATURE	ADDRESS		250 DEC	D BY PEGISTE	AP 25h REG	ISTRAR'S SIGN		ALC
Andrew	K. Coffman	HagerstownM	. bl	DATE S	EP 2 6 '60	a	Mus S. 7	trans	
				DAIL					

should be filed with funeral directar, TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haumay be retored by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Epage 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remaval, and the other within 72 haurs after death.

VR A15 (4) 1SM 9/S9

death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH

107.0 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md b. COUNTY Wash
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Hagerstown c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Hagerstown
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 1415 Sherman Ave.	d. STREET ADDRESS 1415 Sherman Ave. 6. IS RESIDENCE ON A FARM? YES \(\sum \text{NO} \sum \)
3. NAME OF DECEASED (Type or print) Melvin First Abraham	Butts, Jr. 4. DATE OF Sept. 24, 1960
5. SEX Male 6. COLOR OR RACE White Widowed Divorced Divorced	B. DATE OF BIRTH April 20, 1945 9. AGE (In years left birthday) 15 yrs. IFUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Melvin A. Butts, Sr.	14. MOTHER'S MAIDEN NAME Betty Semler
(Ver ea experience) as a single of experience	Melvin A. Butts, Sr., Hagerstown, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Lemon of brame Stand DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> cause lost.	0 4 Hor
, (-)-	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ NO \(\subseteq \)} \)
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature af injury in Part I ar Part II af item 1B.)
	LACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State actory, street, affice bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an Sept 24 1960, and that	Just 27, 1960, to Sept 24, 1960, that (I) (we) las death accurred at 32 M, from the causes and an the date stated above
220. SIGNATURE CW. DIXO III,	M.D. ATTENDING MED. STAFF PHYS. 22b. DATE SIGNED SIGNED PHYS. 9/24/60
22c. PHYSICIAN'S NAME (Type) Edward W. Ditto 111. M. D.	22d. ADDRESS 217 West Washington Street Hagerstwn, Md
23a. Burial, CREMATION, REMOVAL (Specify) 9-27-60 23c. NAME OF CEMETERY CONTROL OF CEM	emetery Sharpsburg, Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott F. Minnich & Son, Hagerstow	vn . Md . DATESEP 2 6 '60 Cuthur S. Huma

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South the same	unwoja tesali . no	Scott F. Linelon & Stone

3 should

220. BURIAL, CREMATION, 226. DATE THEREOF

/60

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Buria

ADDRESS Waynesboro, Pa.

Green Hill

22c. NAME OF CEMETERY OR CREMATORY

240. REC'D BY REGISTRAR DATE

24b. REGISTRAR'S SIGNATURE

(State)

Pa.

22d. LOCATION (City, town, or county)

Waynesboro

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	DIVISION O	F STATISTICAL RESEARCH AND RECORDS — BALTIMORE
	10752	CERTIFICATE OF DEATH
TH		2. USUAL RESIDENCE (Where dec

	ngton	MARYLAND	o. STATE Maryla	nd b. COUNTY I	Washington
b. CITY OR TOWN (If autsic	le carporate limits, wr	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	utside carporate limits, write RURA	
Hagerstown	awn)	5 weeks	Rural Will	iamsport Md.	RFD #2
d. NAME OF HOSPITAL (IF	nat in haspital, give st		d. STREET ADDRESS	Tambbot C M.	e. IS RESIDENCE
OR INSTITUTION	Yanana II.		Pare 7 Wall	A DIN	ON A FARM? YES NO TO
	County Ho			iamsport RFD	#2
NAME OF DECEASED (Type or print)	Granton	Middle	Charlton	4. DATE Month OF Sept.	19 19 60
6. CC	DLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
Male Wh	nite WID	OWED DIVORCED	Jan. 12 19	00 60 yrs.	oghs Bys Haurs Min.
Oa. USUAL OCCUPATION (Gi-	e kind af wark dane	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumber	e, even if refired)	Aircraft	Harrisbu	re Va	U.S.A
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	6	
Casper	Charlto	n	Matt16	Keplinger	
S. WAS DECEASED EVER IN U	S. ARMED FORCES?			RFD #2ddress	
(11)63, 8	THE WOLL OF GOLDE OF SOLVICES	217 10 2889Mr	s. May Char	lton Williams	nant Ma
18. CAUSE OF DEATH IF	nter anly ane cause p	er line for (a), (b), and (c).]		"111131118	INTERVAL BETWEEN
PART I. DEATH WA	S CAUSED BY				ONSET AND DEATH
1 2 IMME		CARCINOMATOSI	S, GENERALI	ZED	пикиоми
1100	DUE TO	CARCINOMA OF	THE LING		0
Conditions, if any, wh		CARCINOMA OF	THE LUNG		MONTHS
gave rise to immedicause (a), stating the un					
lying cause last.	(c)				
PART II. OTHER SIC	NIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY
PART II. OTHER SIG	No	ONE			PERFORMED? YES NO X
20a. ACCIDENT WAS UNE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	DERLYING 20b.	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	'art I ar Part II af item 18.)	
20c. TIME OF INJURY Ma	nth, Day, Year 20	od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm,	20f. (City ar tawn)	(Caunty) (State)
Haur a. m. p. m.	. W		ctary, street, affice bldg., etc.		(00000)
21. I certify that (I)	this haspital) at	tended the deceased fram	FEB 16 19	60 to SEPT. 19	, 19_6 D , that (I) (we) last
		. 19 19 60, and that a	Det .		
22a. SIGNATORE		dila illar d	really accorded at	M, Holli file cooses and t	22b. DATE
Sul:	Rober	tot.	M.D. ATTENDING X ME	D. STAFF PHYS.	SIGNED
22c. PAYSICIAN'S) court	Conce	M.D. PHYS. DIF	RECTOR PHYS.	SEPT. 20,
NAME (Type)	ARCHIE RO	DBERT COHEN, M.D.		PRING, MARYLAND	
(TYPE)					
23a. BURIAL, CREMATION, 23	b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, tawn, or o	county) (State)
23a. BURIAL, CREMATION, 23			emetery	Hagerstown	Maryland
23a. BURIAL, CREMATION, 23 REMOVAL (Specify)	ept. 21-	-	emetery 250. REC'I	Hagerstown	

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CERTIFICATE OF DEATH

e. IS RESIDENCE

Day

U.S.A.

INTERVAL BETWEEN AND DEATH

Laus

PERFORMED?

YES NO

(Stote)

Md.

SIGNED

(State)

Doys

(County)

23d. LOCATION (City, town, ar county)

25b. REGISTRAR'S SIGNATURE

arilling S. Kraus

Leitersburg.

25a. REC'D BY REGISTRAR

DATE SEP 6

ON A FARM?

YES NO K

Year

1960

that the death

10753 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY g. STATE b. COUNTY Washington MARYLAND Marvland Washington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown most of life Hagerstown d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS Western Maryland State Hospital lil Madison Ave. NAME OF Middle 4. DATE Manth DECEASED DEATH (Type or print) ton IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Male White March 29, 1884 WIDOWED [DIVORCED | 76 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Night Watchman Restraunt Battletown, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Cline Laura Eavey 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Mrs. Emma Cline Hagerstown, Maryland none no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enternature of injury in Port I or Port II of item 18.) Injury sustained following fall. 20c. TIME OF INJURY Manth. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Doy, Year foctory, street, office bldg., etc.) While Nat while of work Hagerstown Wash. at work 21. I certify that (1) (this haspital) attended the deceased fram. Aug 19-60 that (1) (we) last bo and that death occurred at m. S.M., from the causes and an the date stated above. saw the deceased alive on Den 22o. SIGNATURE ATTENDING MED. oung M.D. PHYS. PHYS. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS Young E. Chun

23c. NAME OF CEMETERY OR CREMATORY

Hagerstown, Md.

Lutheran Church Cemetery

23b. DATE THEREOF

Suter - Rouzer Funeral Home

23a. BURIAL, CREMATION,

REMOVAL (Specify) Buria.

VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10860

1. PLACE OF DEATH O. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATEAR YLAND b. COUNTY WAS	s before odmission) SHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)
ROUTE 2. CLEAR SPRINGLIED.	ROUTE 2 CLEAR SPR	ING, MD.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION RESIDENCE	d. STREET ADDRESS ROUTE 2, CLEAR SPRING, M	D. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) GEORGE DAVID C	CLOPPER 4. DATE Month OF DEATH SEPT.	17 Year 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 lost birthdoy) Months II	YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	NOV. 6. 1885 74 yrs.	Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED CARPENTER	BLAIRS VALLEY, MD.	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JOHN HENRY CLOPPER	MARTHA ELLEN BARNHART	
(Yes, no. or unknown) (If yes, give wor or dotes of service)	INFORMANT Address ROU	
no Chrknoun MF	RS LOTY V. CLOPPER CLEAR	SPRING, M
DUE TO	usion with myocardial infarction	ONSET AND DEATH
Conditions, if ony, which gove rise to immediate (b) Arteriosclerotic heart	t disease	one year
couse (o), stoting the under-		
lying couse lost. (c)		I Also WAS AUTORSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Possible Gastric Malignancy	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Part II of item 18.)	
	LACE OF INJURY (Home, form, 20f. (City or town) (Cooctory, street, office bldg., etc.)	ounty) (Stote
21. I certify that (I) (this haspital) attended the deceased fram.		
saw the deceased alive an Sept. 17, 1960 and that	death accurred at 3:10 AM from the causes and an the	
220. SIGNATURE Color Cohun	M.D. ATTENDING MED. STAFF PHYS. SE	22b. DATE SIGNED 27b. 18, 1960
22c. PHYSICIAN'S NAME (Type) Archie Robert Cohen, M.D.	22d. ADDRESS Clear Spring, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
hurial Sept. 19, 1960 BLAIRS	VALLEY CE. BLAIRS VALLEY,	MD.
24 FUNERAL DIRECTOR'S SECNATURE ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIG	4 4
CLEAR SPRING	, MD. DATE SEP 21 '60 with S.	Thous

HEART TO BE STADING OF DEATH AND AND THE COURSE OF THE COUR Correct and bed also will investigated administration of the sales And the time that the first problem is the second of the s the latest traces to the second state of the s

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(State)

22b. DATE 9-17-60 SIGNED

(State)

Days

(County)

Creve Coer

SEP 1 9 60

Md.

DATE

25b. REGISTRAR'S SIGNATURE

19.60 that (1) (we) last

YES NO

Year

1060

CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland a. COUNTY Washington Washington b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURA Hagerstown months Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Washington County Hospital 500 Northern NAME OF DECEASED Middle 4. DATE Month Colyer September Lillian Lorene (Type or print) DEATH 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH last birthday) Months White Female May 10, 1929 WIDOWED T DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? House Wife even if retired) Own Home St. Louis Mo. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Buller Irene Viehman 17. INFORMANT Address IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 91-26-021 Robert Colyer Hagerstown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last CATION SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f, (City or town) Day, Year 20d, INJURY OCCURRED factory, street, affice bldg., etc.) g, m. While Not while at work of work 21. I certify that (I) (this haspital) attended the deceased fram.__ 19(0.1), and that death accurred at (see M, fram the causes and an the date stated above. saw the dedeased alive an. 22a, SIGNÁTUI ATTENDING PHYS. MED. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS Harold N. Potomac St Hagerstown Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or caunty) 9-18-60 St Pauls Cemetery

Hagerstown

that the by permit. signed burial-transit physician 5 has been cremotion. attending certificate use la b this haspitol After this for detoched FUNERAL DIRECTOR: Head by pe ploods late 3

death. Page

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attending please

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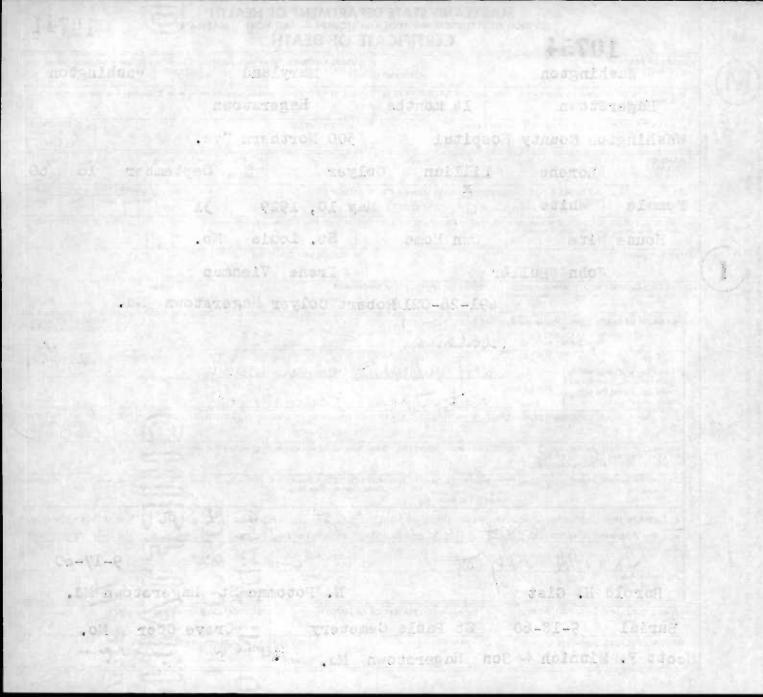
certificate

death o

10 1SM 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

Scott F. Minnich & Son



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physician

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10742

}	I in by the funeral director,	and 2 shauld be filed with	(0
	by the attending physician and campletely filled	t. Then please remove carban papers. Pages 1	al, and in any event within 72 hours after death.
may be retained by the hospital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	page 3 should be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with	the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

VR A1S (4) 1SM 9/S9

10756 CERTIFICA	TE OF DEATH
1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Hagerstown c. LENGTH OF STAY IN 1b 2 hours	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Washington County Hospital	d. STREET ADDRESS 380 elvedere Road e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Lewis Llewellyn Cros	Last 4. DATE Month Doy Year OF DEATH September 20 19 60
s. sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 22, 1894 9. AGE (In yeors lost birthdoy) Months Doys Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Master Railroad	STRY 11. BIRTHPLACE (Stote or foreign country) St. James 112. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lewis Cross	Llwewlla Clagett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
(15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECONTY NO. 17. IV.	irs. Mary K. Cross Hagerstown Md.
18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	lear Disease ONSET AND DEATH
IMMEDIATE CAUSE (6) GOLDANIA	octobered 13 year
DUE TO	
Conditions, if ony, which gove rise to immediate (b)	
couse (o), stoting the under-	
lying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\bigcap \text{ NO } \text{ AUTOPSY } \)
206. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 1B.)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED for the p. m. 19 of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
21. I certify that (1) (this haspital) attended the deceased fram	april 1954, to 9 - 20, 1960, that (1) (we) last
	death accurred a 20 P.M., fram the causes and an the date stated abave.
220. SIGMATURE	22b.DATE
Saltin Welty	M.D. PHYS. DIRECTOR PHYS. 9-21-60
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Dalton M. Welty, M.D.	998 Potomac Ave., Hagerstown, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town, or county), (Stote)
Burian 9-23-60 Rose Hill C	Semetery Hagerstown d.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
Scott F. Minnich & Son Hagerstow	m Md. DATE SEP 26'60 Cerllun S. Kraua

OR OF CARPY AND THE COLUMN OF CARPY AND CARPY				
Sepinion of County Hospital 180 Junear Ross Sepinion of County Hospital				
Secretors Sampy monited 180 olyspers Acod	ne year face " " Pechilipping on		- Respiritely	
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Jaio White Later Later Later Age Control of Maio White Later	neoX etapevie USE	Inclusi	in State 2 costs	nčnosti
Terd deter 1.22road 1				
Tard Mar.ex M.Sirbad S. Jinas no. James S. Jinas no. James	2003; R., 2004 - 109 2 T 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	adi vita	## ## ###	97076
Jewin Cines (Legal) A. Unus Muserahoan Au- Culcumum and A				
Pug-10-5285 Mrs. Mary N. Orous Nucerations Ass.				
Interest Treatment Ills said to Co-19-0 Interest				

10743

CERTIFICATE	OF DE	ATI

10757 PLACE OF DEATH WASHINGTON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE PENNSYLVANTA b. COUNTY FRANKLIN

1122	DILLII O T OIL		T 3-114.14	D T 77 A T 77 T 7 T 7 T	TI T TOWNER TO	2 Ad . 2 2 1
B. CITY OR TOWN (If outside corporate limits, v	write c. LENGTH OF STAY IN 11		(If outside corporate limits, CASTLE	write RURAL and give	nearest tawn)
d. NAME OF HOSPIT	MANOR RES		d. street address	ADISON ST.		e. IS RESIDENCE ON A FARM? YES NO 1
NAME OF DECEASED (Type or print)	MARY First	Middle LUSETTA	DALEY	4. DATE OF DEATH SE	Month PTEMBER	Day Year
SEX FEMALE	THEFT IT ET TO	MARRIED NEVER MARRIED DIVORCED	0/30/30	9. AGE (li last bic		YEAR IF UNDER 24 HRS
during most of wor HOUSEW	king life, even if retired)	HOME		YLVANIA		U.S.A.
. FATHER'S NAME			14. MOTHER'S MAIDE			
CHARLES				BARNES		
	R IN U. S. ARMED FORCES (If yes, give war or dates of service		GEORGE SHA	TZER	PENNA.	
Conditions, if o gove rise to i couse (a), stoting lying cause lost.	the under- DUE TO (c)	IONS CONTRIBUTING TO BEATH B	FLYMBUT NOT RELATED TO THE TE	RMINAL DISEASE CONDITI	ON GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO M
20a. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 200 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCUI	RRED. (Enter nature of injury	in Port I or Port II of item	1B.)	
20c. TIME OF INJUR Hour a. m. p. m.	THE STATE OF THE S	20d. INJURY OCCURRED While Not while at wark at work 1	PLACE OF INJURY (Home, factory, street, office bldg.,		(Cou	inty) (Stote
21. I certify the	C)	tended the deceased frame		1956 to 9	ses and an the d	that (1) (we) las
220. SIGNATURE	w St	Tun har	M.D. ATTENDING PHYS.	MED. STAFF PHYS.		22b. DATE SIGNED
226 PHYSICIAN'S NAME (Type)	Louis G.	Craff, M.D.	22d. ADDRESS 119	E. Antiet	am St., I	Hagerstow Md.
a. BURIAL CREMATIC	ON 236 DATE THEREOF	23 NAME OF CEMETER	Y OR CREMATORY	23d LOCATION (CIN	town or county)	(State)

9/25/60 PLEASANT CHURCH PENNA 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR'S SIGNATURE arthur S. Kins

ned by the haspital ar attending physician.

TO HOSPITA VR A15 (4) 15M 9/59

THYBIT 0.01.6 TE ROSTUAN W GO W FALTSON BY mariana mariana LUM VALSANOT CHAILLING SOLICIANS - MANN FRANCE TIP S. Anticette St., Os et al St. T.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

			1117	20	CERTIFI	CATE	OF DEAT	H				
	1. PLACE OF DEATH o. COUNTY Washington MARYL				11 0	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington						
I	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown			c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL or								
			AL (If not in hospital.	give street	oddress)	C	Piper	5			e. IS RESID ON A I	FARM?
	E	NAME OF DECEASED Type or print)	Harry	rst	Almeda	ī	lost Davis	4. DATE OF DEATH	Sept	7 "	-/	ear 9 60
	5. S	EX	6. COLOR OR RACE		RIED NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 YEA		
	_	Wale USUAL OCCUPATIO	White N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY 1		382 tote or foreign o	country) yrs.	12.CITIZEN C	F WHAT CO	DUNTRY
	_	Labor	mg me, even ir renrec	"	Tannery	14.	W1111an	-	Md.	USA		
I)	Corn	elius Da				Cather	rine Da				-16
_			IN U. S. ARMED FOI If yes, give war or dates of		15 019847	Mrs.		Fleagl	Piper	Lane	a	7
		18. CAUSE OF DEAT	TH [Enter only one of	ouse per lis	for (a), (b), and (c)	. 4	0	Bai	· \	171 IN	TERVAL BET	WEEN
		420.	DUE TO		mouning	1 40	Nou ,	voy	V		Large	Ch
		Conditions, if on gove rise to in couse (a), stating t	nmediote (
	z	lying couse lost.) (DITIONS O	CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	(EN IN PART 1(o)	19. WAS A	UTOPSY
7	CERTIFICATION			Tool Dear							PERFOR YES [
)		OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (Ent	er noture of injury	in Port I or Po	rf II of item IB.}			
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While		0e. PLACE O foctory,	F INJURY (Home, street, office bldg,	form, 20f. (Cit	y or town)	(County)	(Stote
1		21. I certify that	t (I) (this hashite	yattene	led the deceased fi		accyrred of	19, to_	The causes an		hat (1) (w e stated	
		276. SIGNATURE	Hejlo	reu	29/		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	9/1	6/6	SIGNE
		NAME (Type)			1		22d. ADDRESS			1/	/	g-dijer olger oljek omna dilek
	23a.	BURIAL, CRIMATION REMOVAL (Specify)	N, 236 DATE THERE		20c. NAME OF CEMET				TION (City, town,		(Stote)
	B	urlal	Sept. 1	7-60	Greenlaw	1 Cem	etery	W111	iamspor	t Md.		

. PETEZ . at Journal III Salter Land Large No. 1 to Character in at a purchase was a subgent of Arredates quality of Control Processes (12)

FOR STATE HEALTH DEPT

TO DEPUTY N. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay in reasonry please execute the existincate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funer fector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remayal, and in any event/mithin 72 hours after death.

VS. A15ME

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5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1080 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 10745

1, PLACE OF DEATH O. COUNTY O.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
WASIITINGTON	o. STATLIQUIPPE PA. b. COUNTY BEAVER							
b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
BIG SPRING, MD. 5 DAYS	ALIQUIPPE 308 FRANKLIN AVE., d. STREET ADDRESS ALIQUIPPE, PA. 7 SY YES NO PARTIES NO PAR							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)								
ROUTE 1 BIG SPRING, MD.								
3. NAME OF DECEASED Middle	Last 4. DATE Month Day Yeor							
(Type or print) WILLIAM LIOYD	DAVIS DEATH SEPT 5 19 6	0_						
	lost birthday) Months Days Hours Min.	HRS.						
MALE WHITE WIDOWED DIVORCED	JUNE 2, 1900 60 m.							
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)		HRY?						
WATER TENDER J.&L. STEELE	cq. WASHINGTON CO. MD. U.S.A.							
	14. MOTHER'S MAIDEN NAME							
FRANK DAVIS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	CATHERINE MYERS							
(15 yes, give war or dates of service) 162-16-3029	MRS WILLIAM L. DAVIS, ALIQUIPPE,	PA						
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN							
PART I, DEATH WAS CAUSED BY:	ONSET AND DIATH							
IMMEDIATE CAUSE (6) CORONARY OC	CLUSIUM) AMS.							
Conditions, if any, which) (b) DIJODENAT, III	APP DECENIE							
gove rise to immediate cause	CER RECENT	-						
(a), stoting the underlying DUE TO								
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOP	SY						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	PERFORMED? YES NO {	211						
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING D	Enter noture of injury in Part I or Part II of item 18.)	-#						
20b. DESCRIBE HOW INJURY OCCURRED. (I CAUSE OF DEATH.	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.							
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 120f. (City or town) (County) (Stat	le)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA fact while of work of work of work	ory, street, office bldg., etc.)							
21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my								
apinian death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner								
Solida Li, residenti Li, residenti Li, residenti Li didenti li diffici Li								
ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER M.D. CHIEF MEDICAL EXAMINER M.D. CHIEF MEDICAL EXAMINER								
	ASSISTANT MEDICAL EXAMINER							
NAME (Type) DR E. W. DITTO JR.	DEPUTY MEDICAL EXAMINER							
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stote)							
BURIAL SEPT 8 1980LVANTA ME	MORTAL PARK ROCHESTER PA.							
23. FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 246. REGISTRAP'S SIGNATURE	- 11						
Trank H. Hornstein A. Illan	CLAPA / a DATE SEP 7 '60 arling S. Kinna							

TORRESTICAL EXAMINERS CERMINOATE OF DEATH and a second sec

CERTIFICATE OF DEATH

e. IS RESIDENCE

0.5

U.S.A

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSEL AND DEATH

10 min

PERFORMED?

YES INO I

(State)

SIGNED

(State)

ON A FARM?

YES NO X

Year

1960

11175-9 director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed Maryland b. COUNTY Washington MARYLAND Washington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown month TO Sharpsburg d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION Washington County Hospital 311 W. Main Street 2 NAME OF Middle 4. DATE Manth DECEASED Pages (Type or print) Lucy Caraline Ditto DEATH Sept. IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) White Female WIDOWED X DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 72 haurs during most of working life, even if retired) Public School Teacher Sharpsburg pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Edward Lee Grayson Selma Morland 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Main Street 7662 John Grayson attending No harnsburg Md 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y ul IMMEDIATE CAUSE (a) DUE TO Rombosis Conditions, if any, which permit. gned gave rise to immediate DUE TO cause (a), stoting the underbeen si lying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY crematian. IRRHOUS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) the OS 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) O. m. While Not while ot work ot work 21. I certify that (I) (this hospital) attended the deceased fram JUIV/2 1960 19 6 C. that (1) tower lost 1960, and that death occurred of 7 saw the deceased alive on M, from the couses and on the date stated above. DIRECTOR 220. SIGNATURE ATTENDING PHYS. MED. O FUNERAL DIREC M.D. 22c. PHYSICIAN'S 22d. ADDRESS MASHINGTON S 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. (Specify) Sept. Near Sharpsburg Md. Mumma 13-60 Cemetery 25g. REC'D BY REGISTRAR VR A15 (4)

1SM 9/S9

25b. REGISTRAR'S SIGNATURE arthur S. Kraus

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- moder (note)	malers		go Jananania	
	and areas		Totoda:	ne vell
	Jennett Right W. LCC	401408	reter County Its	Line I
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10747

1. PLACE OF DEATH a. COUNTY Washin	cton	MARYLAND	2. USUAL RESIDENCE (WE O. STATE Maryland	Washing to	
b. CITY OR TOWN RURAL and give	(If autside corporate limits, write	c. LENGTH OF STAY IN 16 5 Days		outside corporate limits, write RU	
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give stree		d. STREET ADDRESS	Mulberry St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JESSE RA	YMOND EICH	ELBERGER	4. DATE Month OF DEATH Sept 1	1 1960 Year
5. SEX Male	6. COLOR OR RACE 7. MAI		8. DATE OF BIRTH Sept 5 188	lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HR: Manths Days Hours Min.
10a. USUAL OCCUPAT during most of wo Foreman 13. FATHER'S NAME	TION (Give kind of wark dane 10th arking life, even if retired) Md R1bbox	~	Millstone 14. MOTHER'S MAIDEN N	Wash co Nd	12. CITIZEN OF WHAT COUNTRY
	Eichelberger			ine McAlliste	er
	VER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17, II	nformant Iarold E. Ei		B TOWN IN TOWARD BETWEEN
Canditions, if gave rise to cause (a), statin lying cause las	g the under-	A plastie CONTRIBUTING TO DEATH BUT	C n l m	INAL DISEASE CONDITION GIVE	IN PART 1(a) 19. WAS AUTOPS) PERFORMED?
	WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I ar Part II af item 18.)	YES NO
ZOc. TIME OF INJU Hour a. m p. m	While	-1	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc		(Caunty) (State
		1963, and that	death accurred at// 4	44	d an the date stated abave 22b. DATE SIGNE 9/12/60
23a. BURIAL, CREMAT REMOVAL (Specif BUTIA.)	9/14/60		Cemetery		ash Co Md.
Andrew I		gerstown Md.	DATE		TRAR'S SIGNATURE

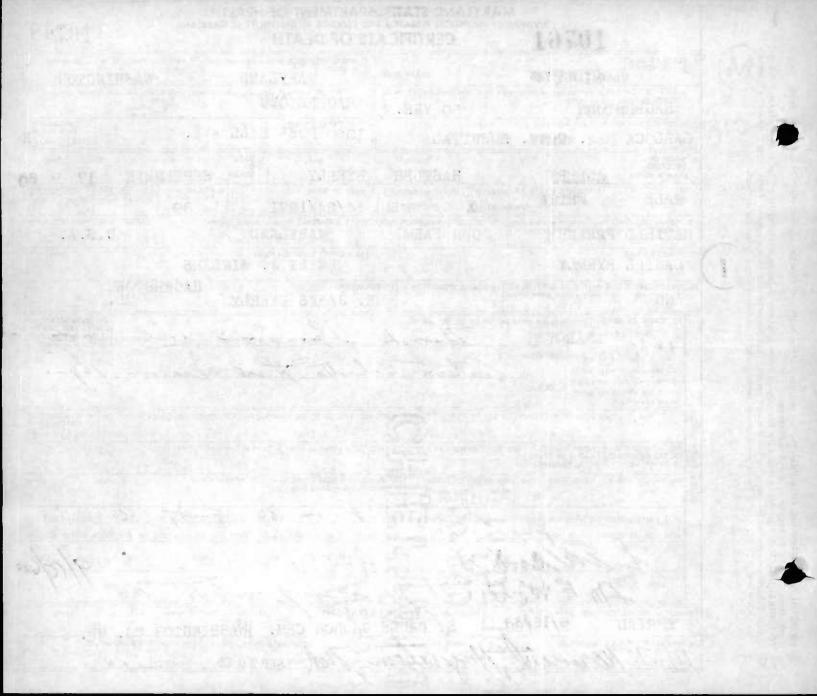
TO HOSPITAL VR A15 (4) 15M 9/59

TO SERVE TO THE PROPERTY OF TH Suits I - 1/10/10 . Geet Haven Conserved Sugarsworm Fwee Coulds. The state of the s

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

STATE MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IAGERSTOWN STREET ADDRESS. CONSE HILL AVE. C. IS RESIDENCE ON A FARM? YES NO EXPENSE NO
AGERSTOWN STREET ADDRESS. DEO ROSE HILL AVE. Lost 4. DATE OF DEATH ON A FARM? YES NO [A] ON A FARM? YES NO [A] O
Last A. DATE OF BEATH E OF BIRTH 1. BIRTHPLACE (State or foreign country) MARYLAND MOTHER'S MAIDEN NAME EMILY J. WINDERS ANT JAMES EYERLY A. DATE OF Manth Day Year YES \ NO \ NO A FARM? YES \ NO \ NO A FAMP. YES \ NO \ NO A FARM? YES \ NO \ NO A FARM? YES \ NO \ NO A FARM? YES \ NO \ NO A FAMP. YES \ NO \ NO A FARM? YES \ NO \ NO A FAMP. YES \
TERLY DEATH SEPTEMBER 17 19 66 E OF BIRTH 1. BIRTHPLACE (State or foreign country) MARYLAND MOTHER'S MAIDEN NAME EMILY J. WINDERS ANT JAMES EYERLY DEATH SEPTEMBER 17 19 66 P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min. Manths Days Hours Min
P. AGE (In years least birthday) 1. BIRTHPLACE (State or foreign country) MARYLAND MOTHER'S MAIDEN NAME EMILY J. WINDERS ANT JAMES EYERLY P. AGE (In years let UNDER 1 YEAR IF UNDER 24 HRS.) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH
MARYLAND MOTHER'S MAIDEN NAME EMILY J. WINDERS ANT JAMES EYERLY INTERVAL BETWEEN ONSET AND DEATH
EMILY J. WINDERS ANT HACAURSTOWN JAMES EYERLY MD.
JAMES EYERLY MD.
ONSET AND DEATH
ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
YES NO TO NO
INJURY (Hame, farm, reet, office bldg., etc.) (City or town) (Caunty) (State)
accurred at A.M., from the causes and on the date stated above. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
2d. ADDRESS
MATORY 23d. LOCATION (City, town, or county) (Stote) URCH CEM WASHINGTON CO MD
1



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10808

Reg. Dist. No. 1749

-													
1.	PLACE OF DEAT			2 2					sed lived. If instit b. COUN				ission)
H		Shington N (If outside corporate limits, writ	-	ryland MARY		o. STATE			porote limits, write				wal
	and give nearest	l town)	- AUNTE					# 1L	- 7.				
-		erton	If not in he	Unkown	-1	d. STREET		Stre	et Balt:	TIIIOI. e	Mar	-	ESIDENCE
		gton County			"			Stre	et	3 VO1	.4	ON	A FARM?
3.	NAME OF	Daniel Fin		Middle		los		4. DATE	Moni	b	Day		Year
	(Type or print)	Denald		Fletcher				OF	September	r-5th		1	1960
5.	SEX	6. COLOR OR RACE	7. MARR	IED E NEVER MARRIED	8.	DATE OF BIRTH	4		9. AGE (In years lost birthday)	Months Months	Days	Hours	Min.
	Male	Col.	WIDOWE	D DIVORCED	D ME	arch-12	-1898	3	62 ym.		Days	Houn	Min.
100	. USUAL OCCUP	ATION (Give kind of work orking life, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPL	ACE (Slote	or foreign	country)	12. C	ITIZEN O	F WHAT	COUNTRY
		r In General		In General		Hag	ersto	wn Ma:	ryland		U.S.	A. Y	es
13	. FATHER'S NAM	3				14. MOTHER'S	MAIDEN N	MAME					
	Un	kown					Unk	own					
	. WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		Rue TV	Address			100	
	No	No		COLUMN TO SERVICE	Sus	ie Flet	cher	811 G	eorge Sti	reet			
	18. CAUSE OF	DEATH [Enter only one ca	use per line	for (o), (b), and (c).]	FRAC	TURED :	KULL	,			INTE	RVAL DETW	EEN
	PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1		CRUS	HED CHE	EST,						
	82	DUE TO			CRUS	HED LEP	T SHO	OULDER	?,	0.9			- 4-
	Conditions, if ony, which) (b) FRACTURED RIGHT ARM, LEFT CLAVICLE INSTANT												
		nmediate cause (he underlying DUE TO		1 - 316					3131317	100			
	couse lost.	(c)	CTAPPO ATE									
S S	PART II,	OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	H BUT NO	OT RELATED TO	THE TERMI	INAL DISEAS	E CONDITION GI	VEN IN PA	ART 1(o) 1		DRMED?
Š		- In										YES 🗌	NO 🔯
CERTIFICATION	PRIMARY (1) or CAUSE OF DEA	CAUSE WAS CONTRIBUTING 1	Db. DESCRIE	BE HOW INJURY OCCUR		ter nature of in		t I or Port II	of item 18.)				
MEDICAL	20c. TIME OF I		ar 20d.	INJURY OCCURRED 20	De. PLACI	E OF INJURY (I	Home, form	20f. (City	y or town)	(0	ounty)		(Stote)
MEC	Hour o.		60 of w	le Not while K	2T 34	O WEAV	ERTON	WE	AVERTON	WAS	н Со	1	MD D
	21. I certify	that I took charge							nspection 🛛	, Inqu	iry 🗍	, and	find tha
	death resul	ted fram: Natural	causes [, Accident X,	Suic	ide 🔲, H	lamicide	, U	ndetermined	cause [].		
	ACTUAL SIGNATURE_	Nº Er	è/s	Della .		M.D. CHIEF A	MEDICAL EX	KAMINER [DATE :	SIGNED
	EXAMINER'S NAME (Type)	DR E W DITTO), JR					AL EXAMINE EXAMINER (
22		ATION, 226. DATE THERE	OF .	22c. NAME OF CEMETE	ERY OR C	REMATORY		22d. LOCA	TION (City, town,	or county	}	(Slot	re)
	REMOVAL (Spe Burial	9/10/60		Mt Calver	y CE	metary	-	Broo	klyn Mar	yland	1		
1		TOR'S SIGNATURE	prent	ADDRESS	-			D BY REGIST		STRAR'S			
1	Elroy 0.	wilson 1000	Drame) L. O J			DATE	P 8 '6	0 (than &	thou	A	
-													

	CERTIFICATE OF		HENRY MEDI	
		SHOULD IN THE SHOP		
				7000
			mit by Line at	
Her i - Pre-dremino		12/13/2015		
	HE 7-2 - 100			
	Tembre 154			
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	ALC: IN A COLOR STREET			
M STATE AND A				
		A CONTRACTOR OF THE PARTY OF TH		
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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

10799 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH

**CERTIFICATE

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1000	pa			

-		/1 4-20-60 et
1.	PLACE OF DEATH a. COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE
	MASHINICTON	MARYLAND. WASHINGTON
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town)	Y
	1300NSBORD LOMONTHS	NST JAMES KURAL
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	119 LAKIN AVE(Private Home)	TAIRPLAY NOV 13
3.	NAME OF First Middle DECEASED	Lost 4. ĎATE Month Day Year
	(Type or print) LIA MIZZY DILLEC	FRIEND DEATH SEPTEMBER- 15. 1960
-	SEX 6. COLOR OR RACE 7. MARPIED NEVER MARRIED	
3.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. last birthdoy) Months Doys Hours Min.
4	MALE WIDOWED DIVORCED	ADRIL 25-1879 81 yrs. 4 20
10	a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
	during most af warking life, even if retired)	
1	KETIRED FARMER DWN FARM	STICAMES WASH, COMID. U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1/		hi i a marthur i
1	JACOB FRIEND	1 ALICE HILL
	. WAS DECEASED EVER IN U. S. ARMED FORCES? is, no, og unknown) (If yes, give war or dates of service) [17. If yes, give war or dates of service]	NFORMANT Address
	NO! NONE H	UGH A FORD BOONSBORD MD.
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	alles of los on in
	IMMEDIATE CAUSE (o)	amono recent and
	400,0 DUE TO / / /	1 1 1 1
	Conditions, if any, which) (b) Asiele Ceermel	release from sealer will 5 minutes
	gave rise to immediate	
	couse (o), storing the under-	
	lying couse lost. (c)	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
) =		YES NO
1 2		D. (Enter noture of injury in Port I or Port II of item 1B.)
CERTI	OR CONTRIBUTING CAUSE OF DEATH	D. (chief holdre of injury in roll for roll in or feet 15.)
3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
MEDI		ctory, street, office bldg., etc.)
2	p. m. 19 at wark of wark	
	21. I certify that (I) (this haspital) attended the deceased fram.	mary V 1966, to Alet 1 15, 1966, that (1) (wa) last
	1 . 2 111 12	
		death occurred at 11.M, fram the causes and an the date stated above.
	22a. SIGNATURE	ATTENDING MED STAFF 9/1/ 22b.DATE SIGNED
	Ville Lellen	M.D. ATTENDING MED. STAFF HYS. DIRECTOR PHYS. STAFF
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type)	Ostron die
	U. WINEDAM	Joe with the
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	R CREMATORY 23d. LOCATION (City, town, or county) (Stote)
1	PURIDI SEDT 18-1960 MOUNTAIN (1)	PHI PENETERN CHAPOGRIDO MA
H		of artin av projetnan on projetnans significant
24	FUNERAL DIRECTOR'S A GNATURE	250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
F	JOUNNISSORE	ONID: DATE SEP 21 '60 Cittury & Thomas

TO79'S CENTRICATE OF DEATH The design of the second of th Section in the second with the second con-

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10751

TO HOSPITAL SATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour. Fee death. Page 4 may be retained by the haspital or attending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and a supply of the funeral director, the page 3 should be detached for use as the burial-transit permit. Then places remove carbon pages 1 and 2 should be filed with the page 3 thought of the page 1. ste Board of Health priar to burial, cremation, ar removol, and in any event, within 72 hours ofter death.

VR A1S (4) 15M 9/59

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2	Q
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	A

)	1. PLACE OF DEATH a. COUNTY WASHINGTON	MARYLAND 2.	usual residence (Where decear a. STATE MARYLAND	b. COUNTY WA	idence before admission) SHINGTON						
	b. CITY OR TOWN (If outside carporate limits, write RUTA) PONNING BOOKS (Swn)	10 MO.	c. CITY OR TOWN (If outside conditions of HAGERSTOWN	porote limits, write RURAL o	nd give nearest town)						
)	d. NAME OF HOSPITAL (If not in hospital, give street address) REEDER NURSING HOME) = = 1	1621 VIRGINIA	AVE.	e. IS RESIDENCE ON A FARMIN YES NO						
	3. NAME OF First DECEASED (Type or print) THOMAS JI	Middle EFFERSON	FUNKHOUSER DEAT		Doy Yeor R 27 19 60						
	S. SEX MALE 6. COLOR OR RACE 7. MARRIED WIDOWED X	DIVORCED B. C	1/22/1882	9. AGE (In years IF UN last birthday) Mont	DER 1 YEAR IF UNDER 24 HRS. hs Doys Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work done aducing most of working life even if retired) AIR(CRAFT CO.	11. BIRTHPLACE (State or foreign MARYLAND		U.S.A.						
	GODFREY FUNKHOUSER		4. MOTHER'S MAIDEN NAME MARY JANE S	TEELE	ADADDINA						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or yorkgown) (It yes, give wor or dates of service)	SECURITY NO. 17. INFO	THE WAR PERSON NAMED AND ADDRESS OF THE PARTY OF THE PART	OUSER Address E.	ARSPRING MD.						
	18. CAUSE OF DEATH [Enter only one couse per life for (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-	essliged a	tenoseler	reis	INTERVAL BETWEEN ONSET AND DEATH						
)	Iying couse lost. (c)	BUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO						
		OCCURRED 20e. PLACE foctory	OF INJURY (Home, form, y, street, office bldg., etc.)	ity or town)	(County) (State)						
	21. I certify that (I) (this haspital) attended the saw the deceased alive an Automotive 122a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		ATTENDING MED.	n the causes and an	the date stated above. Signed Sign						
	Defining to Constitution of the constitution o	NAME OF CEMETERY OR C		AGERSTOWN	MD. (State)						
	24. FUNERAL DIRECTOR'S SIGNATURE	solour	250. REC'D BY REG DATE SEP 3	0.100	S SIGNATURE						

	Of DEATH	an transonalisa ani dhinab	HUNNIE	
NOTO THE A				
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	and the file part		Ch de last I	Associated to the second
AR LESS TO SERVICE		LICER PLANT		
	The state of			
		JAC TELEVIA		
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	ELECTRICAL PROPERTY.	212-14-513		
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		Jan State of		

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10762

10752

TO HOSPITAL SATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs for death. Page 4 may be reposed by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremotion, ar remayal, and in any event, within 72 hours after death. VR A15 (4) 1SM 9/59

1)	1. PLACE OF DEATH o. COUNTY Washington MARYLAN						2. USUAL RESIDENCE (Who a. STATE Maryla		d lived. If instituti b. COUNTY		before adm	
	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown c. LENGTH OF STAY IN 1b most of Life					c. CITY OR TOWN (IF o		orate limits, write R	URAL ond gi	ve nearest to	wn)
1		OR INSTITUTION	AL (If not in hospitol, g				d. STREET ADDRESS	mac S	treet		ON	ESIDENCE A FARM?
		NAME OF DECEASED (Type or print)	HARRY	sŧ	ERROL		CEARY Lost	4. DATE OF DEATH	Septem		Day 19	7eor 1960
	S. 5	Male	6. COLOR OR RACE White	7. MAR WIDOW	RIED NEVER MARRI		Sept. 11, 18	99	9. AGE (In years lost birthday) 61 yrs.		YEAR IF UN Doys Hour	-
	S	. USUAL OCCUPATION during most of work heet Metal FATHER'S NAME	ing life, even if retired		KIND OF BUSINESS C		11. BIRTHPLACE (Stote Clearspr 14. MOTHER'S MAIDEN N	ing,	ountry) Maryland		S.A.	COUNTRY
			am Geary				Mary Jan		rist			
	(Ye		R IN U. S. ARMED FOR If yes, give war or dates of s	(anivae	SOCIAL SECURITY NO. 214-0960715		. Lorraine	eary	Hagersto		arylan	d
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate (b) Cerebral astricschrosis								Unke	BETWEEN HD DEATH		
(CERTIFICATION) (c	DITIONS			OT RELATED TO THE TERMI			/EN IN PART	1(o) 19. WA PERI YES [FORMED?
	MEDICAL CER	(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m.	MEDICAL EXAMINER)	ar 20d. While at wo			E OF INJURY (Home, farm ry, street, office bldg., etc		y or town)	(Co	ounty)	(Stote
1		21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ed alive an	9-	ded the deceased 19 1960, and a way with the deceased the	d that de	D. ATTENDING M. D. PHYS. D. 22d. ADDRESS I	M, From ED. RECTOR 54 Wes	STAFF PHYS. St Washin		date state	
	230	BURIAL, CREMATIO REMOVAL (Specify) Burial FUNERAL DIRECTOR		OF D	23c. NAME OF CEN	AETERY OR	CREMATORY tery 25g. REC'	23d. LOCA	TION (City, town, erstown, TRAR 25b, REGI		and NATURE	tote)
1		· france	- penger		8	,	DAIL					=

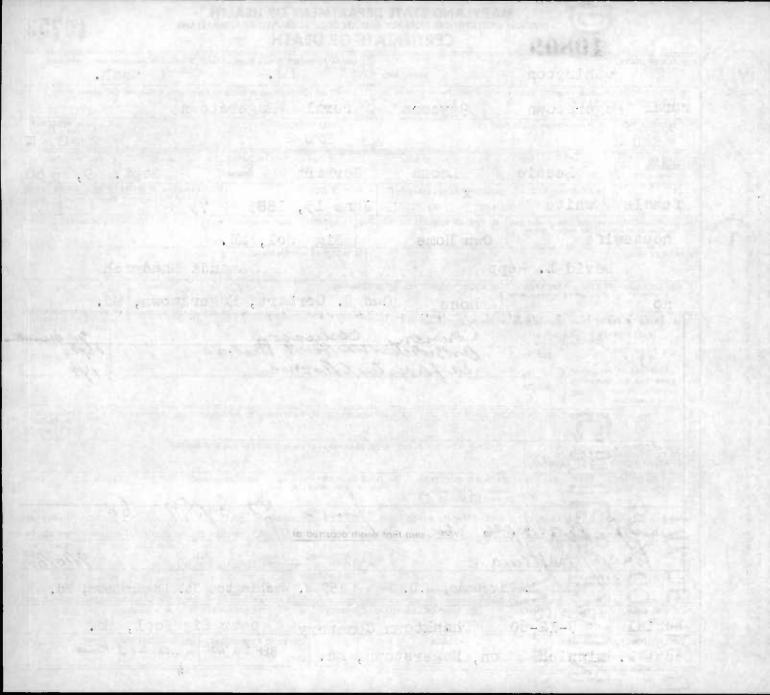
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Martin (mass)	24.0	amo file ambi	0302/19/6	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10753

	10809	CERTIFICA	IE OF DEAL	П				
1. PLACE OF DEATH 0. COUNTY	ashington	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where decease	d lived. If institution b. COUNTY			sion)
b. CITY OR TOWN	(If outside corporate limits, write nearest town) [Agerstown]	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo		URAL ond give r	nearest town	n)
	PITAL (If not in hospital, give stre	1 ~~ 0	d. STREET ADDRES	is	200111		ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Lessie	Middle Leona	Gerhart	4. DATE OF DEATH	Mon	Sept.	-	Yeor 19 60
female	auch i de a	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF SIRTH June 15,	1885	9. AGE (In years lost birthdoy) 75 yrs.	Months Doy:		ER 24 HF Min.
during most of we housew	orking life, even if retired)	Own Home		ol, Md		12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME	David L. Rep	p	14. MOTHER'S MAID		anda Sh	adrach		
15. WAS DECEASEDEY (Yes, no. or unknown)	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		of R. Gerh	art, H	agerst or			
Canditions, if gove rise to couse (a), statin lying couse los	g the under-	NS CONTRIBUTING TO DEATH BUT			E CONDITION GIV	VEN IN PART 1(o)	PERFC	AUTOPS' DRMED?
20g. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	WAS UNDERLYING 20b. I	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injur	y in Port I or Por	t II of item 18.)	KA.		
Y 20c. TIME OF INJI Hour o. m	. WI		ACE OF INJURY (Home, ctory, street, office bldg.		or town)	(Count	γ)	(Stot
1	at (1) (this haspital) atte	ended the deceased fram.		1952ta_	the causes an			
22c. PHYSICIAN'S NAME (Type)		rshman, M.D.	M.D. PHYS. 22d. ADDRESS 159 W. I	Mashingt	on St. H	agersto	9/10 m, Mo	1.
23a. BURIAL, CREMAT REMOVAL (Specif	10N, 23b. DATE THEREOF 9-12-60	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCA	TION (City, town,	or county)	(Sto	
24. FUNERAL DIRECTO		ADDRESS Son, Hagerstow	25a.	SEP 1 3		ISTRAR'S SIGNAT		

VR A15 (4) 1SM 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 () (; 3) MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10754

			Reg. Di	st. No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deced		nce before admission)
WASHINGTON	MARYLAND	a. STATE LLNOIS	b. COUNTY LE	EV
b. CITY OR TOWN (It outside corporate limits, write RURAL ond give necres! town)	OF STAY IN 16	c. CITY OR TOWN (If outside con	porate limits, write RURAL and	give nearest town)
HAGERSTOWN 401	AVS	DIXON	51	20 73
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give str	reef address)	d. STREET ADDRESS	ABLE STEEDING	e. IS RESIDENCE ON A FARM?
316 GARLINGER AVENU	E	523 DEPOT	STREET	YES NO
3. NAME OF First DECEASED	Middle	Last 4. DATE OF	Month	Day Year
(Type or print) LANA	C-1-C	VER DEATH	SEPTEMBER.	21- 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVE	R MARRIED 38.	DATE OF BIRTH	Total California	YEAR IF UNDER 24 HRS.
TEMALE WHITE WIDOWED O	IVORCED [UEC. 6, 1903	56 yrs. 9	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KtND OF BUS during most of warking life, even if retired)	INESS OR INDUST	11. BIRTHPLACE (Stote or fareign	country) 12. CITIZ	ZEN OF WHAT COUNTRY
HOUSE VVITE DWIN H	TOME	MADLEVILLE	NASH. CO. NID.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
HOWARD T. STOUF	FER	CARRIE	GALOR	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECT	URITY NO. 17. IA	FORMANT	Address GARG	NCER ST
NO:	MI	RS. L. R. BRITCHE		ERITOWN MI
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), or	and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)Coronar	y Ocelus	on		Instant
DUE TO				
Conditions, if any, which) (b) Hyperte	nsive Va	cular Disease		Recent
gave rise to immediate cause (a), stating the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	PERFORMED?
				YES NO T
CAUSE OF DEATH.	RY OCCURRED. (E	nter nature af injury in Part I or Port I	afitem 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC While Nat of work of work of work of work		E OF INJURY (Hame, farm, 20f. (Citry, street, affice bldg., etc.)	y or town) (Cau	nty) (State)
Haur a. m. While Not we at wark at we were	WILLIAM	ry, sireer, diffice bidg., elc.,		
21. I certify that I took charge of the remains d	escribed abar	ve, held an Autopsy 🔲, I	nspection K, Inquir	y , and find that
death resulted from: Natural causes , Accig	dent [], Suid	ide [], Homicide [], U	ndetermined cause	
1 500 DX			THE STATE OF	
SIGNATURE A CARE CELLA	4	M.D. CHIEF MEDICAL EXAMINER	ILLAH BESAM	DATE SIGNED
		ASSISTANT MEDICAL EXAMIN	ER 📄	
EXAMINER'S NAME (Type) Dr. E. W. Ditto. Jr.		DEPUTY MEDICAL EXAMINER	2 9-22-60)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME	OF CEMETERY OR	CREMATORY 22d. LOCA	TION (City, town, or county)	(State)
BURIAL NEPT. 24. 1960 CHAP	EL HILL	CEMETERY D	IXON, ULL	NOIS
23. FUNERAL DIRECTOR'S SIGNATURE ADDRE	2 /1	240. REC'D BY REGIS	TRAR 246. REGISTRAR'S SIG	NATURE
Jalan (1) 18 ast MOONS13	0170 /1	DATE OCT 3	60 04	11

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		AND DESCRIPTION OF THE PARTY OF	
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VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		1076	4	CERTIFIC	ATE	OF DEATH					1	
ī	PLACE OF DEATH		1		2.	USUAL RESIDENCE (WI	ere deceased		on: Resider	nce befor	re admiss	sion)
	W. COUNTY	ashington		MARYLANI		o. STATE Mary]	land	b. COUNTY	Was	hin	gton	n
	b. CITY OR TOWN RURAL ond give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 11		c. CITY OR TOWN (If	utside corpo	rote limits, write R	URAL ond	give nec	arest low	n)
	Hagerst			4 days		Sharpsh	ourg					
1	d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospitot, s	give street	address)	8	d. STREET ADDRESS					e. IS RES	SIDENCE FARM?
L	Washing		у Но	spital		1207 W. Ma	in S	treet				NO [X
3	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Mon	th	Day	у	Year
L	(Type or print)	Olive	r	Murphy	15	Grove	DEATH	Sep		28		19 60
S	S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED] B. D	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER	Doys	IF UNDE	ER 24 HRS.
L	Male	White	WIDOW				1881	79 yrs.	5	7		
1		TON (Give kind of work orking life, even if retired	11	KIND OF BUSINESS OR IN	DUSTRY	a.		•	12. CIT	IZEN OF	WHAT	COUNTRY?
-	Labor		0	emetery		Sharpsbu		d.		U.S	. A	
1	3. FATHER'S NAME	0			1.	4. MOTHER'S MAIDEN N						
1		Otho Grov					Swain					
1	5. WAS DECEASED EN (Yes, no. or unknown)	/ER IN U. S. ARMED FOI (If yes, give war or dates af			INFO			Add				
-					Tr.	Clyde W.	Grov	e Sharp	sbur		d.	
		EATH [Enter only one content on the content of the			. 1	- O 7				ONS	ERVAL BE	DEATH
1	17.00	IMMEDIATE CAUSE (1-	Gangrene of	170	err reg				4	day	73
	720	DUE TO		-1 P T - d	D.L.				hand		A 7	
1	Conditions, if			olus of Lei tiple embol					and	0		ays
	lying couse lost			eriosclerot					12001 0		day	Yra
1				ONTRIBUTING TO DEATH								
	PART II. O 20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF					fibi	rilla	tion			PERFC YES F	JKMEUY
	20a. ACCIDENT V	VAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUP	RED. (E	nter noture of injury in	Port I or Por	t II of item 18.)				
10	OR CONTRIBUTION	IG CAUSE OF DEATH Y MEDICAL EXAMINER)										
1	20c. TIME OF INJU		or 20d. It	NJURY OCCURRED 20e.		OF INJURY (Home, form		or town)	((County)		(Stote)
1	Hour o. m	10	While of wor	k ot while	roctory	, street, office bldg., etc	.)					
	21. I certify th	at (I) Whishmanita	tr often	led the deceased from	, 9/	/20/60 19	to	9/28/	60 19	th	at (1) (we) las
	saw the dece	ased olive on 9	727/	60 19 (), and tha	t deat	h occurred oBA	M. from	the causes an	d on th	e dote	stotec	above.
	SIGNATURE	N 11	O	1/2								b. DATE
	Neu	m D.	Sh	Law !	M.D.	PHYS. DI	RECTOR	STAFF PHYS.	Sep	. 29	9, :	1960
1	ŽŽc. PHYSICIAN'S NAME (Type)		G2.	- 1 -		22d. ADDRESS	0 770 6	burg, M	a			
		Walter H		ealy M. D.		21	iarha	ours, m	L.			
2	3a. BURIAL, CREMAT	v) G		23c. NAME OF CEMETERY			~	TION (City, town,	or county)		(Stot	te)
L	burial	-	30-6		Cer	netery		psburg	Md.	Chiatia	D.F.	
2	4. FUNERAL DIRECTO	S SIGNATURE		ADDRESS	. 7		D BY REGIST		strar's si			
	como	- LAULOV	11	wellams 30	NI	DATE U	010	C.	www 2	. / ULAN	Transport.	

Alfandes Brandlester Angult Bouveres					
Stollymen and some services				43.72	
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		Dr Millians		
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	er introduction		- at the	b East
Mana te ka	. No separate of			woods
4 .				
	estimate alles			
The Atlantage	Live another W. Bay L.			
Avab. \$		To enginerate		
ayao a fan g	occurs salil common	Jimi to enio	dos.	
ayao a fan g	estive callingmose escul bon oters es with secreto Joseph	Jimi to enio	dos.	
ayao a fan g	occurs salil common	Jimi to enio	dos.	
ayao a fan g	estive ball nomeco estil bon nierd et oftwareteste Josef e nottalizari	They to emie Modes wicks light saning		
ayao a fan g	estive ball nomeco estil bon nierd et oftwareteste Josef e nottalizari	Jimi to enio		
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FOR STATE HEALTH DEPT

TO DEPUTY M. DICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is passary, please execute the "ficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune.

4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retoined for your files.

TO FUNDED DEFECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to barial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

0 -

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1 11% MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10756 Rea Dist No

	-		Neg. visi. itv.	
	1, 1	PLACE OF DEATH 5. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
		WASHINGTON MARYLAND	O. STATE MARYLAND. b. COUNTY WASHINGTON	
1	b	o. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	
)		KEEDVSVILLE GVEARS	KEEDUSUILLE	
	d	I. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDES	
n		KEEDYSVILLE NID.	KEEDUSVILLE IND. YES NO	
	3. 1	NAME OF First Middle	Last 4. DATE Manth Day Year	
		Type or print) (FRANK ALLEN HAN	MOND DEATH SEPTEMBER. 15 19 6	0
	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF SIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24	-
Я		NADIE WIFTE WIDOWED DIVORCED DI	SCTUBER 30-1884 - 75 yrs. 10 15 Hours Min.	
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI		NTRY
	9	veing most of working life, even if retired) NETTRED TAIZMER OVVN FAIZM	SHAPPER OF WALL ALL ME MICH	
	13.	FATHER'S NAME	15 HARDS BURG WASH ICAI NID. VISIA. 14. MOTHER'S MAIDEN NAME	
	1	NO RECORD	SUSAN HAMMOND.	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN. no. of unknown) 1 (It yes, give wor or dotes of service)	FORMANT Address	
1		NO: 215 36-6544 Re	YA. HAMNIOND KEEDYSVILLE MD	
		18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND ALATIN	
/		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Ocelusión	
		4 2 0 DUE TO		
		Conditions, if ony, which } (b) Green	clusted Hant Jusin 244	
		gave rise to immediate cause (a), stating the underlying DUE TO		
		couse last. (c)		
	중	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO	PSY
	Y	Tried in wort and Ill	PERFORMED YES NO	
	CERTIFICATION	200. EXTERNAL CAUSE WAS 201. DESCRIBE HOW HAJURY OCCURRED. (EL	eter nature of injury in fort I or Part II or item 18.)	
	ä	PRIMARY 07 CONTRIBUTING CAUSE OF DEATH.		
	3	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, 1201. (City or town) (County) (Sto	ole)
	MEDICAL	Hour o. m. While Not while of work of work	ry, street, office bldg., etc.)	
		21. I certify that I taok charge of the remains described above	re, held an Autapsy , Inspection , Inquiry , and in	mv
		opinion death resulted from: Natural causes Accident		1117
			J, Solicide [], Francisco [], Oridetermined manner []	
3		ACTUAL A. The Authority	CHIEF MEDICAL EXAMINER	D
-		SIGNATURE / CO COMMA	ASSISTANT MEDICAL EXAMINER []	-
		EXAMINER'S NAME (Type) ITS F WITHTO ?	DEPUTY MEDICAL EXAMINER (4	
	270	BURIAL CREMATION, 7225. DATE THEREOF 224. NAME OF CEMETERY OR		
	8	PRIMOVAL (Specify) SEPT-18-1960 FAIRVIEW C	ENDETERN KEEDWOUNE WOON COMO	
	23.	FUNERAL PIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
	1	JOHN FI. MAST 1300NSBORD	VID. DATE SEP 21 '60 willing & Trans	

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HOSP by be UNE ge 3	0	23a. BURIAL, C
5 5 9 4	BI	24. FUNERAINE
VR A15 (4) 15M 9/59		Jala

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W		If institution: Resident	nce before admission)
WASHINGTON	MARYLAND	MAIRUL		WASHIN	CATON
 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate lim		
MEEDUSVILLE	20 VEARS	KEED	VEVILL	E	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
KEEDYSYIC	LE MD.	KEED	YSYILE	MD.	YES NO
3. NAME OF DECEASED (Type or print)	Middle	Lost	4. DATE OF DEATH	Manth	Day Year
11 6 9	HELEN I	HWINIOND	1 25	PLEWIZE	2 - 25 - 1960 1 YEAR IF UNDER 24 HR
S. SEX 6. COLOR OF RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		birthday) IF UNDER	Days Hours Min.
MALE WHITE WIDOW		MAY.10.19	08 5	2 yrs. 4	IZEN OF WHAT COUNTRY
10a. USUAL OCCUPATION (Give kind af wark dane during mast of warking life, even if retired)	. KIND OF BUSINESS OR INDU	SIKT II. BIKIHPLACE (STORE	ar rareign country)		
GARAGE OPERATOR O	WN GARAGE			VASH, CO	· IVID, US.A
13. FATHER'S NAME	4.	14. MOTHER'S MAIDEN	NAME		
FRANK A. HA	MAND	VERN	LE CO	CHRAN	6
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. IF	IFORMANT		Address	
NO: 2	20-05-6696 M	RS. LELA HI	AMMOND	KEEPUS	YILLE MD
1B. CAUSE OF DEATH [Enter anly ane cause per I	ine far (a), (b), and (c).]	~1			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	(87M) 014	Mesant	1311 -		ONSET AND DEATH
DUE TO	Co of the	VIII (III)		SITEMA	
Conditions if any which					1-6 01 48
gave rise to immediate					
cause (a), stating the under-					
lying cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MNAL DISEASE CONI	DITION GIVEN IN PAR	PERFORMED?
200 ACCIDENT WAS LINDERLYING TO 120h DE	SCRIBE HOW INJURY,OCCURRE) (Enter nature of injury in	Port Los Port II of i	tem 1R 1	163 🔲 110 🗀
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY, OCCURRE	o. (chief halore ar injury in	TOTT OF TOTT II OF T	iem tot,	
S 20c. TIME OF INJURY Manth, Day, Year 20d.		ACE OF INJURY (Hame, far		rn) (Caunty) (Stat
20c. TIME OF INJURY Manth, Day, Year 20d. Haur a.m. 19 at wa	Nat while	tary, street, affice bldg., et	c.)	,	
p. m.	III III III III III III III III III II	100/25	he de	2/2/	10
21. I certify that (I) (this haspital) atten	ded the deceased fram.	20/11 3 19	, .to	747 / 19_0	ZV, that (I) (we) la
saw the deceased alive an	1960 , and that c	leath accurred at 🔾 🖊	M, fram the c	auses and an the	e date stated above
22a. SIGNATURE	e ar	ATTENIONIC			9/22b. DATE
Jul fer of		M.D. ATTENDING	AED. STA	s. 🗆	1/27/00
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	1.	,	/ /
TVAME (Type) G-Wire Ou	111	120-	mour	0	mel
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, tawn, or caunty)	(State)
REMOVAL (Specify)	1 Bannes	0	Basaca	in Macu	. Ca. MID
24. FUNERAMDIRECTOR'S SIGNATURE	ADDRESS	250 REC	D BY REGISTRAR	25b. REGISTRAR'S SI	GNATURE
M. H. Brot	BEONISBOKO	MD DATOC		arthur S.	1.1
y many the visition	100 BOKO	LA DATOL	1 2 00	C	

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e. IS RESIDENCE ON A FARM?

16

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

(County)

YEARS

PERFORMED?

YES NO

22b. DATE

(State)

(State)

IF UNDER 1 YEAR IF UNDER 24 HRS

Months Days

YES NO A

Year

1960

ATTENDING PHYSICIAN: The law requires that the death certificate

death. Page 4

PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MATYLAND b. COUNTWASHINGTON a. COUNTY WASHINGTON MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGER'S TOWN YRS. HAGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) 232 E. FRANKLIN ST. WARSHINGTON COUNTY NAME OF First Middle 4. DATE Month DECEASED GATL MARIE HAYS SEPTEMBER DEATH (Type or print) 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) 6/6/1898 FEMALE WHITE DIVORCED X WIDOWED [10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) HOUSEWIFE HOME PENNSYLVANTA 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME M. YEATES JOHN ELIZA JANE CLOPPER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT Address SPT (Yes. no. of who 220-10-3385 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY ADRENAL GLAND DEGENERATION IMMEDIATE CAUSE (a) **DUE TO** CARCINOMATOSIS GENERALIZED Conditions, if any, which gave rise to immediate DUE TO couse (o), stoting the under-ADENOCARCINOMA OF THE BREAST. RIGHT lying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY NONE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) factory, street, affice bldg., etc.) Hour a.m. While Not while at work at work 21. I certify that (I) (this haspital) attended the deceased fram APR I M, from the causes and an the date stated above. saw the deceased alive an , and that death accurred at 22o. SIGNATURE ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR [226. PHYSICIAN'S 22d. ADDRESS SPRING. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City, town, or county) SHANKS FRANLIN CO P 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR SEP 2 0 '60 VR A15 (4) Christing S. Kraus ISM 9/59

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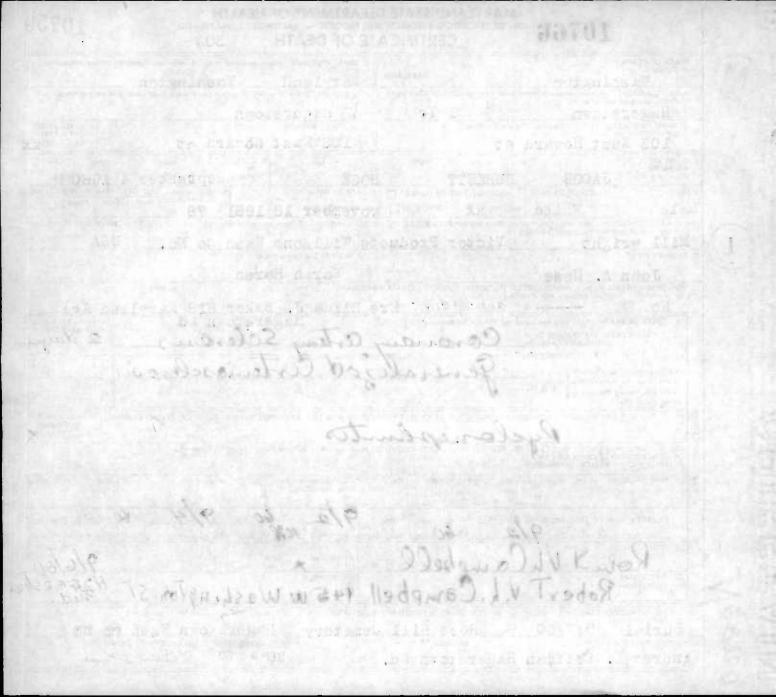
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 1076 DIMISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 302

a. COUNTY	ington	MARYLAND	2. USUAL RESIDENCE (WI	b. COUNT		re admission)
	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write		arest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give street st Howard St	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO KK
3. NAME OF DECEASED (Type or print)	JACOB BUI	Middle RKETT	HOSE	4. DATE MO OF DEATH Septem	ber 4 19	960 19
5. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Manths Days	IF UNDER 24 HRS.
Male	White widow	DIVORCED [November 18	1881 78 yrs		Hours Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDL	JSTRY 11. BIRTHPLACE (Stote	ar fareign country)	12: CITIZEN OF	F WHAT COUNTRY?
Mill wri	ght V:	ictor Produc	ts Willsons		USA	1
	A 77					
John 15 WAS DECEASED EVE	A. HOSE R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 117 I	Sarah H		dress	
(Yes, no, or unknown)	(If yes, give war or dates of service)				aryland	A ***
	ATH [Enter only one cause per li			erstown Md	INT	ERVAL BETWEEN
	ATH WAS CAUSED BY:	300000	. C. Ten	Schoon	ON	2 QUILLE
Conditions, if a gove rise to cause (o), stating lying couse last.	m mediote	Jenerali	zed ar	terrioscle	nosis	
PART II. OT PART III. OT OR CONTRIBUTING (IF EITHER, NOTIFY	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART 1(a)	PERFORMED? YES NO
	AS UNDERLYING (20b. DES G CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II of item 18.)		
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Year 20d. II 19 While of wor	Not while fo	LACE OF INJURY (Home, farm actary, street, affice bldg., etc.	n, 20f. (City or town)	(County)	(Stote)
21. I certify the	ot (I) (this hospital) attended	A -1	4.2	60, to 9/4 M, from the causes o		nat (I) (we) last e stoted obove.
220. SIGNATURE	But Vh Ca	mobell		ED. STAFF PHYS.		9/6/60
22c. PHYSICIAN'S NAME (Type)	RoberT V.	Campbe	22d. ADDRESS	WashingTo	n ST H	ME R Shot
23a. BURIAL, CREMATIC REMOVAL (Specify		23c. NAME OF CEMETERY	~	23d. LOCATION (City, town,	-	(State)
24. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS W	Cemetery 250 PEC		Wash Co	RE
Andrew K		gerstown Md.	DATE S		ichung S. Kra	



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0	EO	bo	the State Board of Health prior to buriol, cremation, ar removal, and in any event, within 72 haurs ofter death. On a SECOMON R
TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour er death. Page 4	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director,		
VR	AIS	(4)	
15	M Y/:	24	

		CERTIFICA	TE OF DEATH		
1	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY	
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	CITY OR TOWN (If outside corpor	ote limits, write RURAL and giv	
-	d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	STREET ADDRESS	0	e. IS RESIDENCE
	WASH, CO. HOSPITIAL		1120 N. MAI	y St.	ON A FARM?
3	NAME OF First DECEASED (Type or print)	Middle	Lost 4. DATE OF DEATH	Month SEPTEMBER - C	Day Yeor 1960
5	SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED		9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS
1	FEMALE WHITE WIDOW	ED DIVORCED	MARCH. 3. 1883	lost birthdoy) Months D	Days Hours Min.
34	o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign co	untry / 12. CITIZE	EN OF WHAT COUNTRY
+	HOUSE WIFE D	WN HOME	MUERSVILLE FRE	EP. CO. MO. 4.	S:A.
1)	CORITANI D R.	wer town on a total f		- 11	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Address 420 N. MAI	N ST
	0(0	NONE E	LMER C. HUFFER	BOOKSBOR	
	1B. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).)	atourt.		ONSET AND DEATH
1	S DUE TO				1
F	Conditions, if ony, which gove rise to immediate (b)				
	couse (o), stoting the under- lying couse lost. DUE TO				
INCITA CIBITOR	PART II. OTHER SIGNIFICANT CONDITIONS OF	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
- 1		70	ED. (Enter noture of injury in Port I or Port	II of item 1B.)	
I A CICOLA	20c. TIME OF INJURY Month, Doy, Year 20d. II Hour .m. 8 22 19 6 While of wor	Not while fo	LACE OF INJURY (Home, form, cotory, street, office bldg., etc.)		HSH. MI
	21. I certify that (I) (this haspital) attend				2, that (I) (we) las
	sow the deceased olive on	19 <u>£</u>) 2, and that	deoth occurred ot 35 AM from	the couses and on the	dote stoted obove
	Flevena	~	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS. 9	/10/60 SIGNED
	22c. PHYSICIAN'S NAME (Type) Joseph Secon	deri		th Main St.	A
1	30. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	Boonsbo	ION (City, town, or county)	(Stote)
1	PURIAL Specify) SEPT. 12-1960	BOONSBERO	0 (1)	ISBOZO WASH	0
2	4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25d. REC'D BY REGISTI	RAR 25b. REGISTRAR'S SIGN	
1	John Fl. Wast Do	CONSBORO MI	O. DATE SEP 1 4 '60	Circhan S. 1	Trans

LIMAGE TO TRADITION TO THE

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	ion: Residence before admission)
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	s, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write f	RURAL and give nearest town)
Hageratown, Me.	45 vrs	Magerstews	n, Maryland	. 03
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION		d. STREET ADDRESS	-leade A	e. IS RESIDENCE ON A FARM?
663 Penna Ave Hagerst		665 Penns		YES NO
3. NAME OF DECEASED (Type or print)	t Middle Leonar G	Keats	4. DATE Mor	Day Yeor 8 19 60
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors	
Male Colored	WIDOWED DIVORCED	June 27 193	lost birthdoy)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work of	lone 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTR
during most of working life, even if retired) Aircraft worker	Fairchild Aircra	ft Baitimore	. Hé.	USA
13. FATHER'S NAME	12 022 02220 0200	14. MOTHER'S MAIDEN NA	ME	
John H. Keats		Edmonia R.	Lewis	
15. WAS DECEASED EVER IN U. S. ARMED FOR		NFORMANT		Iress
(Yes, no, or unknown) (If yes, give war or dates of se	rvice)	nnie Keats 663	Penna Ave H	Hagerstown, Md.
18. CAUSE OF DEATH [Enter only one co		mile neads co,		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	(c), (c), (d)	0000	1011011	ONSET AND DEATH
IMMEDIATE CAUSE (o)	Covona	my acce	usicon _	3 mess
H20 DUE TO		7		
Conditions, if ony, which gove rise to immediate				
couse (o), stoting the under-				
lying couse lost.) (c)				1
S despertensive	C. V. Disease;	Racumatic	11 + 1	VEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? YES NO D
PART II. OTHER SIGNIFICANT CON ACCOMENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Yee Hour o. m. 19		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)		(County) (Stat
21. I certify that (I) (this haspital				EQ. 19, that (I) (we) land an the date stated above
saw the deceased alive an	w shall	ATTENDING MEI		Q / G / SIGNE
22c. PHYSICIAN'S NAME (Type) RoberT	V.L. Campbel	22d. ADDRESS Hagen	stown?	md
23a. BURIAL, CREMATION, 23b. DATE THEREC	F 23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, town,	or county) (Stote)
REMOVAL (Specify) Burial Sep 13/60	Rose Hill Ceme	etery	Hagerstown,	Md
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D		ISTRAR'S SIGNATURE
		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I A DU L	TT - V AC .

with death. Page 4 director, shau may be retorned by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

TO HOSPITAL VR A15 (4) 1SM 9/S9

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VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	ISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1,	MAR
10769	CERTIFICATE OF DEATH	
LACE OF DEATH	2. USUAL RESIDENCE (Where decease o. STATE	ed live

-	12	17	6	0
1	()	4	U	2

1. P	LACE OF DEATH	ashington	теш	MARYLA		USUAL RESIDENCE (W o. STATE Maryland		b. CQUINTY		~	ission)
Ь	. CITY OR TOWN (III	f outside corporate limitarest town)	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (IF	outside corpo	orote limits, write	RURAL and giv	e nearest to	wn)
	Hagers	town		30 years		Hag	ersto	wn			
d	OR INSTITUTION	AL (If not in hospital, g	ive stree	t oddress)		d. STREET ADDRESS	1317			e. IS R	A FARM?
		Pennsylva	nia .	Ave.		633 Per	nsylv	ania Ave	•		NO
_ C	NAME OF DECEASED	Fir		Middle		Last	4. DATE OF DEATH	Mo		Doy 1.6	Yeor
-	Type or print)	Mar	_	- 400	len	Kelsh	DEATH	20	pt.		19 60
S. S	EX	6. COLOR OR RACE		RRIED NEVER MARRIED		PATE OF BIRTH		9. AGE (In years lost birthdoy)	Months D	oys Hour	
	emale	Color	WIDOV		- 3	ug. 12, 191	-	Lilyrs			
10a.	USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b	. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign o	country)			COUNTRY?
	Housewif			Own Home		Amherst	, Viri	gnia	U.S	.A.	
13. 1	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
		Huston Sla	nah+	on		Fl	rence	Grubbs			
15	WAS DECEASED EVE	R IN U. S. ARMED FOR		S. SOCIAL SECURITY NO.	17. INFO		71 01100		dress		
	no, or unknown)	(If yes, give war or dates of s	ervice)	215-14-2165		ert Kelsh		633 Pen	nsvlvar	ia Av	e.
	No			212-14-5102	1101	Ser o Werell		000 1 011	noj i tan		
	18. CAUSE OF DEA	TH [Enter only one co	use per	line for (o), (b), and (c).]						INTERVAL ONSET AN	BETWEEN
П	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c		Carcinos	rator	is				24	
	Conditions, if or gove rise to in	mmediote)	Coremon	na - (rest				17	K.
	couse (o), stoting										
CATION	lying couse last. PART II. OTH) (c HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	INAL DISEA	se condition G	IVEN IN PART 1	PERI	S AUTOPSY FORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	CURRED. (Enter noture of injury in	Port I or Po	rt II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o.m. p. m.	Y Month, Doy, Ye	Whil			OF INJURY (Home, form, street, office bldg., etc.)		y or town)	(Co	unty)	(Stote)
	//) atter	ided the deceased fr		Jes. 28 19	X9.10	Sept-1			(we) last
	saw the deceas	sea alive an	701-1	4 INDY, and II	nat dea	th accurred at	_M, fram	the causes a	na an the		
	220. ISIGNATURE	X//N/ 00				ATTENDING M	NED.	STAFF		6	22b. DATE SIGNED
	22c. PHYSICIAN'S	1/1/WHI	lux	\sim	M.D	22d. ADDRESS	IRECTOR L	PHYS.			11416
	NAME (Type)	Philip J.	Hir	shman, M.D.			shing	ton St.,	Hagerst	own, l	Md.
23a.	BURIAL, CREMATIO	N, 236. DATE THEREC)F	23c. NAME OF CEMET	ERY OR C	REMATORY	23d. LOCA	ATION (City, town,	or county)	(S	tote)
	REMOVAL (Specify) Burial	Sept. 2		960 Rose Hi	11 C	emetery	Hag	gerstown	, Mary		
24.	FUNERAL DIRECTOR	S SIGNATURE	-	ADDRESS		25a. REC	D BY REGIS		SISTRAR'S SIGN		
-	John K	Watson o	Ki L	Doguston	cn	Md DATE	2 2 '6	0 0	thing & the	hatel	BALL

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TO HOSPITAL

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10812

1. PLACE OF DEATH a. COUNTY WASHIN	GTON	MARYLAND	o. STATE MARYI		b. COUNTY			GTON	
b. CITY OR TOWN (If outside RULL AT GIVE THE CONTROL OF THE CONTRO		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		rote limits, write RU	JRAL ond	give nec	rest town)
d. NAME OF HOSPITAL (IF	nat in haspital, give street of RSING HOME	address)	d. STREET ADDRESS 1938 KUHN	I AVE	•				PARM2
3. NAME OF DECEASED (Type or print)	ARY	LOUISE	KUHN	4. DATE OF DEATH	SEPTE	MBER	- relia	3 1	Year 19 60
FEMALE 6. CO	WHITE WIDOWE	IED NEVER MARRIED DIVORCED	8/1/1866		9. AGE (In years lost birthdoy) yrs.	Months	Days	Hours Hours	R 24 HRS. Min.
HOUSEWIFE 13. FATHER'S NAME	ve kind of work done 10b. e, even if retired)	HOME	MARYLA 14. MOTHER'S MAIDEN N CAROLIN	AND		12. CI1	U.S		OUNTRY?
15. WAS DECEASED EVER IN U (Yes, no. or unknown) IIF yes, (S. ARMED FORCES? 16. give war or dotes of service)	NONE	MR. HARRY	c. Kui		SERS ML	TOW	N	
20g. ACCIDENT WAS UNI	DUE TO hich (b) (c) GNIFICANT CONDITIONS C DERLYING 20b. DESC		UT NOT RELATED TO THE TERMI	NAL DISEASÎ	NEW IL		B	PERFO	-1
20c. TIME OF INJURY Me Hour o. m. p. m.	onth, Doy, Year 20d. It While of world	NJURY OCCURRED 20e. Not while 20e and the deceased fram	PLACE OF INJURY (Hame, farm foctory, street, office bldg., etc.	.)	or town)		(County)	nat (I) ((Stote)
saw the deceased of 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) HOT	Bud	eks, M.D.	M.D. PHYS. DI	ED. RECTOR	STAFF PHYS. D	9/1	4/60	221	b. DATE SIGNED
230. BURIAL, CREMATION, 23 REMOVAL TOPPETS	9/15/60 MATURE	ROSE HI	LL CEM.			N STRAR'S S	MD	(Stot	
	1	1	ma.						

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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

ISTICAL	KESEA	CH AN	D KECO	KDS —	BALTIMOR
CE	RTIF	CAT	E OF	DE	HTA

	10770	ION OF		TE OF DEATH	MORE 1, MARYLAND	10764
a. COUNTY	Washington		MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution: Resider. b. COUNTY Was	dence before admission)
b. CITY OR TOV	VN (If outside corporate lim ve nearest town)	ts, write	c. LENGTH OF STAY IN 16	- U	outside corporate limits, write RURAL on	d give nearest town)
	OSPITAL (If not in hospital, g			d. STREET ADDRESS Sharpsbu	5	e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	John		Middle Olan	Liskey	4. DATE Month OF DEATH Sept.	Day Year 20 1961
5. SEX		7. MARK	RIED NEVER MARRIED	8. DATE OF BIRTH Nov. 20 18	lost birthdoy) Month	ER 1 YEAR IF UNDER 24 H
Labor	PATION (Give kind of work working life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Harrisen	or foreign country) 12.0	U. S.A
	John Liskey			14. MOTHER'S MAIDEN N	Ward	
15. WAS DECEASED (Yes, no, or unknown) No	OEVER IN U. S. ARMED FOI	ervice) -		r. Allen F.	Address Liskey Sharpsh	ourg Md.
4 20 Conditions, gove rise	DUE TO immediate but ing the under lost.	A A	ne for (a), (b), and (c).] ougestive	heart -	failure vant Tisese	INTERVAL BETWEE
CATE	chro	4'0	glomen	clo- hefit	inal disease condition given in P	ART 1(o) 19. WAS AUTOF PERFORMED YES NO
	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II or Item IB.;	
Hour o	NJURY Month, Doy, Ye . m. 19	While	t-	ACE OF INJURY (Home, form ctory, street, office bldg., etc		(Counly) (SI
saw the de 220. SIGNATUI	ceased alive on	9-2. Na	ded the deceased fram. 1950, and that	M.D. ATTENDING MPHYS. 22d. ADDRESS	M, fram the causes and an MED. STAFF PHYS.	the date stated aba 22b. DATI SIGN
230. BURIAL, CREM REMOVAL (Sp.		0F 23-60	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, or count Bakersville Md	,,
24. FUNERAL DIREC	TOR'S SIGNATURE	Pli	CADDRESS +	11. 1 250. REC	'D BY REGISTRAR'S	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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10765

	1077		CERTIFIC	ATE OF DEATI	H	Re	g. Dist. No.	0309
PLACE OF DEATH a. COUNTY	Washingt	on	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Md	b	If institution: R		
b. CITY OR TOWN (IF RURAL ond give ned Hagers	autside carporote limit irest tawn)	s, write c. L	ength of stay in 1b	c. CITY OR TOWN (IF	autside corporate lin		100	
d. NAME OF HOSPITA				d. STREET ADDRESS	way Ave.,			ON A FARM?
NAME OF DECEASED (Type or print)	First Clare		Middle Albert	lost Little	4. DATE OF DEATH	Month	Do,	-
male male	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH April 15. 18	9. AG			IF UNDER 24 HRS Hours Min.
. USUAL OCCUPATION during most of working Sound Engi	N (Give kind of work d		of Business or Indu	JSTRY 11. BIRTHPLACE (Stole Burkittsv	ille, Md.		2. CITIZEN OI	WHAT COUNT
	William L				ce C. Hut	ts		
WAS DECEASED EVER	IN U. S. ARMED FORG Fyes, give wor or dates of se	rvice)	20 5565	INFORMANT Irs. Agnes Lit	tle H	Address	wn Md.	
PART I. DEAT	H [Enter only one country on the country of the cou	My	(o), (b), and (c).]	el tro	arcti	0 -	ONSI	RVAL BETWEEN ET AND DEATH
Canditions, if on gove rise to im couse (a), stating the lying cause last.	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which mediate he under: Column (b) DUE TO (c)	My Co Ar	ro nantarios	t the	m Los	DITION GIVEN IN	ONSI 5	TAND DEATH
Canditions, if on gove rise to im couse (a), stating the lying cause last.	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which mediate to under: Color R SIGNIFICANT CONE UNDERLYING	A P	ro han tenios RIBUTING TO DEATH BU	the three three terms of the te			ONSI 5	TAND DEATH
Canditions, if on gove rise ta im couse (a), stating the lying cause last. Part II. OTHE	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which mediate to under. CLUNDERLYING CAUSE OF DEATH AEDICAL EXAMINER)	A POITIONS CONTI	TO hake		Part I or Part II of it	lem 18.)	ONSI 5	WAS AUTOPSY PERFORMED?
PART I. DEAT Canditions, if on gove rise to improve couse (a), stating it lying cause last. PART II. OTHE 20o. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A Hour a, m. p. m. 21. I certify the alive an SIGNATURE	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which ne under: CER SIGNIFICANT CONE OUNDERLYING CAUSE OF DEATH AEDICAL EXAMINER) Month, Day, Yeo	A POITIONS CONTI	TO 32 MEDING TO DEATH BUT OCCURRED Not while of work	ED. (Enter nature of injury in LACE OF INJURY (Home, farm octory, street, office bldg., etc., 1960, tass	Part 1 or Part II of it	n) , 1960, the	(County) at I last sa an the date	WAS AUTOPSY PERFORMED? YES NO
PART I. DEAT Canditions, if on gove rise to im couse (a), stating it lying cause last. PART II. OTHE 200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIEY & 20c. TIME OF INJURY Hour a, m. 21. I certify the alive an	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which ne under: CC R SIGNIFICANT CONE CAUSE OF DEATH AEDICAL EXAMINER) Manth, Day, Yea 19 at 1 attended the	DITIONS CONTI	TO 32 MEDING TO DEATH BUT OCCURRED Not while of work	ED. (Enter nature of injury in LACE OF INJURY (Home, form clary, street, office bldg., etc., 1960, to Sh accurred at 6,10 f	Part I or Part II of in. 20f. (City or town) Pot-2 A.M., from the	ity, lown, ar cas	(County) at I last sa an the date	WAS AUTOPSY PERFORMED? YES NO

	IT DESIGNATIONS TO	LATT LATH 90 THEM	NO STATE DEPART		
an all a second		CATE OF DEATH	CERTIF		
				er plant in the	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

10766

VI)	10112 CERTIFICATE OF DE	
	1, PLACE OF DEATH 0, COUNTY 2, USUAL RESII	DENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY WASHINGTON MARYLAND O. STATE	YLAND b. COUNTY WASHINGTON
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	TOWN (If outside corporate limits, write RURAL and give nearest town)
y .		RURAL HAGERSTOWN
5-1	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) WASHINGTON COUNTY HOSPITAL HAGEI	DDRESS RSTOWN RT.#3 e. IS RESIDENCE ON A FARM? YES Q NO
	3. NAME OF First Middle Los DECEASED	t 4. DATE Month Day Year
	(Type or print) CHARLES WASHINGTON MAY	
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTI	9. AGE (In years IF UNDER 1 YEAR TF UNDER 24 HRS
	MALE WHITE WIDOWED DIVORCED 9/11/1	LOOU 80 yrs.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPL during most of working life, even if retired)	ACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1		ARYLAND U.S.A.
1	V 117	MAIDEN NAME
1 /		JRA AMBROSE RT.#3
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no. 4. Michown) (If yes, give wor or dates of service) NONE: NONE:	HAGERSTOWN MD.
	HONE MILD. AND	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) COLTONISCO	Men denon after
	420 DUE TO	T. I II. I
	Conditions, if any, which gave rise to immediate (b)	murelum onton
	couse (o), stating the <u>under-</u>	
		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of OR CONTRIBUTIONS CON	harcheta PERFORMED?
0	20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature o	2,22
	OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	To the OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while at work at work at work	: bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased from all 1.	1953, to Light, 17, 1960 that (1) (we) las
		GISTAM, from the causes and an the date stated above
	22a. SIGNATURE	G MAPP STAFF 22b. DATE
	Lattending M.D. ATTENDING PHYS.	G DIRECTOR STAFF 9/17 SIGNED
1	22c. PHYSICIAN'S NAME (Type) / PO V	:55 145 W. Waster to 12
	L. L. TACKEBE JR. IND	Hogenton on
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d toCATION (City, town, or county) (State)
0	PORTALIN 9/20/60 MT. OLIVET CEM.	FREDERICK MD.
X	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
00	Mak & Ver hera. Trekingell B. Mill	DATESEP 2 0 '60 Chilling & H.

er death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

TO HOSPITAL VR 1SM 9/S9

of the state of th onesketko francisco - skilen Milan CHARLES COMMITTEE COUNTY CARREST TENTO RESUREM ARUAR T HOLE I SHEAR THE TOTAL TOTAL Les un alle of water and was a little to

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	shington		MARYLAND	g STATE	Maryl	ere deceased live	ed. If institution b. COUNTY	washi		sion)
b. CITY OR TOWN RURAL and give Hagers	(If outside corporate limit nearest town) TOWN	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown						
_ OR INSTITUTION	n County Hos			825 V		ia Ave.			ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	STEPHEN Firs	t	Middle CRAIG	MAY		4. DATE OF DEATH	Septem		Day	Year 19 60
s. sex Male		7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	September			GE (In years ast birthday) yrs.	Months Do	EAR IF UND lys Hours	Min.
10a. USUAL OCCUPAT during mast of wa NONE 13. FATHER'S NAME	ION (Give kind of wark d arking life, even if retired)	ane 10b.	KIND OF BUSINESS OR INC		stown	, Maryla		U.S	·A ·	COUNTRY
	Richard Pais	no Mo	**** A	14. MOTHER .		er L. Si	on fform			
	VER IN U. S. ARMED FOR	-	¥	INFORMANT	110011	ier, pe ol	Addr	ess		
(Yes, no, or unknown)	(If yes, give wor or dates of se		none	Richard	P. Ma	yes Hag	gerstow	n, Mar	yland	
Conditions, if gove rise to cause (o), statin lying couse lost	g the <u>under-</u> DUE TO t. (c)		Gana	listy						
CATIC			CONTRIBUTING TO DEATH B					EN IN PART 1(PERFO	DRMED?
OR CONTRIBUTION	VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter nature	af injury in I	Port I or Port II o	of item 18.)		1	
20c. TIME OF INJU Hour o. m p. m	. 10	While at wari	Not while	PLACE OF INJURY foctory, street, offic			own)	(Cou	nty)	(Stote
	nat (1) (this hospital) ased alive an 9/		led the deceased fram	death occurre	d at IA	M, fram the	/13/60 causes an		late stated	above
22c. PHYSICIAN'S NAME (Type)		Week	cs, M.D.	M.D. PHYS. 22d. ADDR 136	ESS DI	tomac s	HŶS D	9 gerst		Md
	ION, 23b. DATE THEREO		23c. NAME OF CEMETERY Rest Haven			23d. LOCATION		dayl	and (Sto	(e)
24 SUNERAL DIRECTO	ouzer Funera	al Ho	ADDRESS		25a. REC	EP 2 0 '60	2Sb. REGIS	TRAR'S SIGN	ATURE	1

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 10774

CERTIFICATE OF DEATH

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certificote be

deoth

VR A15 (4)

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE Marvland b. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagers town agerstown Life Md. d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital 522 N. Mulberry YES NO NAME OF Middle Year DECEASED September Wyoma Geneva 60 Mentzer (Type or print) 19 9. AGE (In years lost birthdoy) yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH White Months Days Haurs emale WIDOWED DIVORCED [1874 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House Wife Hagerstown Home FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Semler Catherine Cramer 17. INFORMANT Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Mrs. Kathryne Shifler Hagerstown Md. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO 1800511 Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse last PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) (Caunty) (State) foctory, street, office bldg., etc.) o. m Not while of work at work 21. I certify that (I) (this hospital) attended the deceased from TUI 196 C. to 19 (12), that (1)-(we) last saw the deceased alive an S 19 60, and that death accurred at _____M, from the causes and on the date stated above. 220 STONATURE SIGNED ATTENDING. DIRECTOR -M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Leitersburg Luthern 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR Minnich & Hagerstown Son DATSEP 1 4 '60 Chillian & Herea



1SM 9/59

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completely filled in by the fun TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple

VR A1S (4) 1SM 9/S9

	TOTAL CERTIFICATE OF DEATH
1.	PLACE OF DEATH o. COUNTY Washington 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) RURAL and give nearest town) Life c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Hagerstown
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 420 W. Franklin St. d. STREET ADDRESS 420 W. Franklin St. e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3.	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) Frank First Middle Charles Miller A. DATE OF DEATH September 16 19 60
	Male 6. COLOR OR RACE 7. MARRIED Nov. 5, 1891 9. AGE (In years lost birthdoy) Nov. 5, 1891 9. AGE (In years lost birthdoy) Months Days Hours Min.
10	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Stairways Hagerstown Md. 12. CITIZEN OF WHAT COUNTRY Metal Stairways Hagerstown Md.
13	harles A. Miller Mary C. Spielman
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Edna P. Miller Hagerstown
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under. DUE TO DUE TO
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	200 ACCIDENT WAS INDERIVING FT 200 DESCRIBE HOW INTRIVING OCCURRED (F-1
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While of work of two
	21. I certify that (I) (this haspital) attended the deceased from 1900, that (I) (we) los sow the deceased alive on 1400, and that death occurred at 3:1M, from the causes and on the date stated obove
	220. SIGNATURE A SUN DOUBLE M.D. ATTENDING MED. STAFF SIGNED
	22c. PHYSICIAN'S NAME (Type) TO EW. DITTO J. Haguston May
23	Burial, Cremation, 23b. Date thereof Percentage Page 19-60 Rose Hill Cemetery Hagerstown Md. (Stote)
	Scott F. Minnich & Son Hagerstown Md. DATE SEP 1 9 '60 Cultury & Kname

HIARO TO PERCENTIAN G. TOP ARC IL Franklin it. Franklin it. St. malling in 181 die weden Jook man bestill en ighen den bestille ale milts manufacture for. 3, 1831 - 65 .C medsraudi averriado Leton Tonos . 'naries a. Miles in the contract of the contrac paring 9-19-50 Some Will Co. stery English was

Marvland

d. STREET ADDRESS

Marlowe

14. MOTHER'S MAIDEN NAME

Rose Tabler

B. DATE OF BIRTH

Feby.

17 INFORMANT

Carinoma of panereas &

Hagerstown

NICELY

801 Dewery Ave.

27,1886

Mrs. A. Elizabeth Barton

4. DATE

DEATH

e. IS RESIDENCE ON A FARM?

YES NO

Year

180

Washington

Day

8

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Hag. Md.

38 Moller AT.

INTERVAL BETWEEN

ONSET AND DEATH

the ku own

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)

b. COUNTY

Manth

Sept.

YES.

Address

Manths

9. AGE (In years

74 yrs

Co

d. NAME OF HOSPITAL (If nat in haspital, give street address)

Washington County Hospital

EDNA

6. COLOR OR RACE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g)

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

DUE TO

(b)

b CITY OR TOWN (If autside carporate limits, write

Hagerstown

MARYLAND

c. LENGTH OF STAY IN 16

lldays

Middle

DIVORCED [

MAE

Own Home

7. MARRIED NEVER MARRIED

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country)

None

WIDOWED TO

1. PLACE OF DEATH

NAME OF DECEASED

S. SEX

(Type or print)

13 FATHER'S NAME

No

Female

Housewife

Scott Emerson

Canditians, if any, which

gave rise to immediate cause (a), stating the under-

Washington

OR INSTITUTION

RURAL and give nearest tawn)

eral directar, be filed with by the funeral a pup

death. Page

in. campletely filled Pages 1 death. bon papers. haurs puo Carl attending physician any event, within pleose and by maval, bermit.

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 have TO HOSPITAL

motian	FICATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO PART I (a) 19. WAS AUTOPSY PERFORMED?
al, cre	CERTI	20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
ta buri	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.)
alth prior		21. I certify that (I) (this haspital) attended the deceased fram. 4-20, 19 43, ta 9-8, 19 60, that (I) (we) last saw the deceased alive an 9-9 1960, and that death accurred at 0.300 from the causes and an the date stated above.
of He	6	220. SIGNATURE SIGNED MED. STAFF SIGNED PHYS. DIRECTOR DIRECTOR PHYS.
Board		John H. Hornbaker, M.D. 22d. ADDRESS 154 West Washington St., Hagerstown, Md.
the State		Burial Cremation, 23b. Date Thereof 23c. Name of Cemetery or Crematory 23d. Location (City, town, or county) (State) Burial Sept. 11, 60 River View Cemetery Williamsport Wash. Co FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25c. RECEB BY REGISTRAR'S SIGNATURE ADDRESS 25c. RECEB BY REGISTRAR'S SIGNATURE
30		Andrew K. Coffman Hagerstown Md DATE

THY 2 G . L. CERTILICATE OF DEATH Last town to the property of the state of th TO THE PARTY OF THE SAME 18854. TA . VOTE .A.S.U. E. .AV .VIII evoluals TOTAL TOTAL BETWEEN AND THE WILL AND THE WILL AND THE WAR. CONTRACT TO SELECTION OF THE SECOND SELECTION OF THE SECOND SECON No. 2 March 19 and 19 and 19 and 18 and 18

B. DATE OF BIRTH

10777 PLACE OF DEATH o. COUNTY h. CITY OR TOWN (If outside corporate limits, write **RURAL** and give nearest tawn) HAGERS TOWN d. NAME OF HOSPITAL (If nat in haspital, give street oddress) OR INSTITUTION ASHING TON NAME OF

DECEASED

5 SEX

(Type or print)

CERTIFICATE OF DEATH

c. LENGTH OF STAY IN 16

MARYLAND

2. USUAL RESIDENCE Where deceased lived. If institution: Residence before admission b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)

9. AGE (In years

d STREET ADDRESS

ON A FARM? YES NO 4. DATE Year OF DEATH 160 0

Months

6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY during most af working life, even if retired)

Middle

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 1 YEAR IF UNDER 24 HRS

Days

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

17 INFORMANT

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO ph 1860 Thrombosis of 189 NEwis Conditions, if any, which (6) gave rise to immediate **DUE TO** cause (o), stoting the under-

about 45min

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Marked coronkty 1 di aletro

PERFORMED? YES NO

22b. DATE

(State)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

lying cause last.

Hour a. m.

NAME (Type)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.)

20c. TIME OF INJURY Day, Year

20d. INJURY OCCURRED While Not while ot work at work

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.)

ATTENDING PHYS.

22d. ADDRESS

(County) (Stote)

21. I certify that (1) (this haspital) attended the deceased fram._____ ______19___, and that death accurred at PM, from the causes and an the date stated above. saw the deceased alive an. 22a. SIGNATURE

9:21:60 SIGNED

M.D. 22c. PHYSICIAN'S

John H. Hornbaker, M.D.

ARMED FORCES?

STAFF PHYS. DIRECTOR T 154 West Washington St.,

Hagerstown, Md.

23a. BURIAL, CREMATION, REMOVAL Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)

24. FUNERAL DIRECTOR'S SIGNATURE

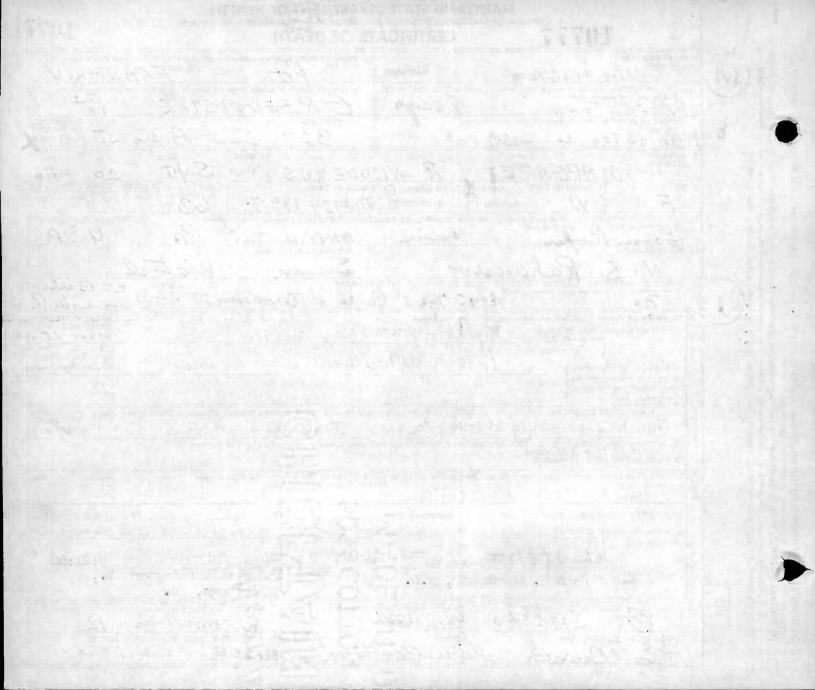
25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

. ta_____, 19___, that (I) (we) last

10 VR A15 (4) 15M 9/59

page 3 sh the State



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

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director, iled with filed funeral 0 shou the 2 and 2 filled death. Poges after papers. ā camp and an car d physicie remave event, 0 ease attendin d permit. gned physician burial-transit attending a DIRECTOR: det pe shauld FUNERAL D poge the Sto 10 VR A15 (4) 15M 9/59

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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Washington b. COUNTY Washington MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Hagerstown 56 vaars Hagerstown e. IS RESIDENCE d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS 129 E ON A FARM? Washington St. 129 E. Washington St. YES NO NAME OF 4. DATE Middle Last Yeor Nikirk DEATH September Charles William 19 60 (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH last birthdoy) Manths Hours Male White WIDOWED [DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Boonesboro Truck Driver Grocery Md . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles W. Nikirk Wilhemina Wallick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Hagerstown Mrs. Naomi M. Nikirk 214-09-7674 1B. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES NO M 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) None WEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while None ot wark at wark 21. I certify that (I) (this haspital) attended the deceased from Jan. 1260, to Sept. 17 .. 19.60, that (1) (we) last 1960 sow the deceosed olive on , and that death occurred at The M, from the causes and on the date stated above. 22a. SIGNATO 22b DATE SIGNED ATTENDING PHYS. X M.D. DIRECTOR | PHYS. 22c. PHYSICIAN'S 22d._ADDRESS otomac Street-Hagerstown, Md NAME (Type) John D. Turco 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (State) BUT 19 (Specify) 9-20-60 Hill Cemetery Rose Hagerstown 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SEP 2 2 '60

Scott F. Minnich & Son Hagerstown

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TO DEPUTY PICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay ecessary, please executed the carried of the carried for writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral discrementation of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO THE ALD INTECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation.
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5M 9/55

	1077	DICA	LEXAMIN	ER'S	CERTIFICAT	TE OF L	DEATH	Reg.	Dist. No	.10	413
1. PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceased	l lived. If Institu	tion: Resi	dence be	fore adm	nission)
o. COUNTY W	lashington		MARY	LAND	o. STATE Rhode	Islan	d b. COUNT	Y Pr	ovid	lence	3
b. CITY OR TOWN (IF and give nearest town)	outside corporate limits, writ	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside corpo	rate limits, write	RURAL a	nd give r	nearest to	awn)
Hagerstown			7 days		Woonsoo	cket		76	X	-3	
d. NAME OF HOSPITA	AL OR INSTITUTION	If not in hos	pital, give street addres	(2)	d. STREET ADDRESS	PE DAO				e. IS F	RESIDENCE A FARM?
Potomac Fi	sh & Game	Club			474 Fairmo	ount St	reet				NO 🔁
3. NAME OF DECEASED (Type or print)	ARMAND	sf	JOSEPH	P	ACE, SR.	4. DATE OF DEATH	Month		Doy		Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B.	DATE OF BIRTH	9.	AGE (In years fast birthday)	IF UNDE		_	DER 24 HRS.
Male	White	WIDOWED	100		May 31, 1894		66 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATION Retired For	ON (Give kind of work g life, even if retired) Oman	Tex	ctile Mill	INDUSTR	Y 11. BIRTHPLACE (Stote	or fareign cou	ntry)	12. CI		S.A.	COUNTRY
13. FATHER'S NAME			MILE LETTER		14. MOTHER'S MAIDEN N		adebonc	ouer			
LOUI	S PACE				Rose War	a vaner mani dul d	#SLEIR				
15. WAS DECEASED EVE	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT		Address				
KES	WWT	03	36-05-0773	Ar	mand J. Page	Jr.	Funkst	own,	Mar	ylan	ıd
Conditions, if or gave rise to immed (o), stating the acouse last.	diate cause onderlying DUE TO		There	H BUT NO	y Colo	WALDISEASE C	CONDITION GIV	EN IN PA	4	RVAL BETWEET AND DE	AUTOPSY
PART II. OTH 200. EXTERNAL CAU PRIMARY 0 or CON CAUSE OF DEATH.	USE WAS 20	b. DESCRIBE	HOW INJURY OCCUR	RED. (En	ter nature of injury in Part	t far Part II of	item 18.)			YES _	ORMED?
20c. TIME OF INJUR Hour a. m. p. m.		20d. Il While at wo	Not while_	De. PLACI factor	E OF INJURY (Home, farm y, street, office bldg., etc.	20f. (City or	r ławn)	(C	auniy)		(State)
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	from: Natural	causes 2	Accident [],	Suici	M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL E	AL EXAMINER	_	-	iry		find tha
220. BURIAL, CREMATIO REMOVAL (Specify) Removal	9/20/6		22c. NAME OF CEMENT		REMATORY d Cemetery	WOONSO	ON (City, town, COCKET	r county)		(Sto	
23 FUNERAL DIRECTION	s signature	Hom	ADDRESS		24a. REC'I	BEP 2 3 'E	R 24b. REGIS	STRAR'S S	IGNATU	RE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou TO HOSPITAL

1. PLACE OF DEATH o. COUNTY	aryland //	hinsto	MARYLAND	O STATE -	Maryla		b. COUNTY		ce before odn	
RURAL and give	(If outside corporate limineprest town) Hagerst	0 7	ENGTH OF STAY IN 16	M 2	town (If		orote limits, write l	RURAL ond (give nearest to	own)
OR INSTITUTION	PITAL (If not in hospital, onvalescent		ss)	711 Oak		Ave.			10	RESIDENCE N A FARM? NO X
3. NAME OF DECEASED (Type or print)	ANNA	rst	Middle DORA	POOL		4. DATE OF DEATH	Septem		24 24	Yeor 19 60
s. sex	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRT		1875	9. AGE (In years lost birthdoy)	IF UNDER Months	Days Hou	7
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if retired	done 10b. KIND	OF BUSINESS OR IND		ington	or foreign on Co.,	Marylan		J.S.A.	T COUNTRY?
	ine Brewer			14. MOTHER	Ada	7				
	VER IN U. S. ARMED FOR		T	informant r. E nes		Poole		dress	Maryla	ind
Conditions, if gove rise to couse (a), stotin lying couse los	immediate DUE TO	sclero	unl aste	Y dios	me .		antero	ec —	3-	J
Ca Cal	THER SIGNIFICANT CON Let file L WAS UNDERLYING []	hema x	/	of Quea	nf-			VEN IN PAR	PER	AS AUTOPSY RFORMED?
OR CONTRIBUTION	NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Day, Ye	ar 20d, INJURY	OCCURRED 20e.	PLACE OF INJURY foctory, street, offic	(Home, for	m, 20f. (Cit	314 55	(0	County)	(State)
21. I certify the saw the dece	hot (I) (this hospital assed alive an 17	1) attended t	he deceased from 1960, and that	deoth accurre		2ΣΣ, .to_ 39M, from	Sept 20 the causes of	19_6 nd on the	, that (I e date stot	ed above. 22b.DATE
22c. PHYSICIAN'S NAME (Type		Ditto	111, M.	M.D. PHYS. D. 22d. ADDI		st Wa	sh ingto	n St	reet	SIGNED
230. BURIAL, CREMAT REMOVAL (Speci Burial	710N, 23b. DATE THEREG		NAME OF CEMETERY				TION (City, town, geratown,			stote) ryland
24 FUNERAL DIRECTO	ouzer Funera	11 Home	ADDRESS	W.a	2So. REC	SEP 2		ISTRAR'S SI	GNATURE 7 S. Krau	uA.

Hagerstown, Md.

DATE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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-/	1001.3 CERTIFICATE OF BEATT
4)	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 5. STATE 6. COUNTY
	o. COUNTY Washington Maryland Maryland Washington
H	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
ì	Rural Williamsport 8 month Williamsport
	d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
ĺ	Woburn Manor Boarding Home 36 W. Potomac Street YES NO Z
	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF Sont 9
ı	(Type or print) WIIIIAM G MEEQ DEATH DEPT. O 19 00
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male white widowed Divorced March 13 1886 74 yrs. 5 25
f	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
d	Labor Tannery Williamsport Md. U.S.A
-	13. FATHER'S NAME
	William W. Reed Mary Donneley
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, no, or unknown) (If yes, give wor or dotes of service) 27 5 00 700 11 11 11 11 11 11 11 11 11 11 11 11 1
Ĺ	no 215 99 7346 Mr. John Gorby Williamsport Md.
	1B. CAUSE OF DEATH [Enter anly one cause per line for (a) (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Uy Oa Galabulare Dole of Character
	DUE TO
	Conditions, if ony, which gove rise to immediate (b)
	cause (o), stoting the <u>under-</u> DUE TO
	lying couse lost.) (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Morge, farm, 20f. (City or lowg) (County) (Stote)
	Haur o. m. While Not while toctory, steen affice sadg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram 19 , ta 19 ,
1	saw the deceased alive of, and that death occurred at, from the causes and an the date stated above
1	22a. SGNATUYE M.D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS. D
F	M.D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 22d, ADDRESS
-	NAME (Type)
	The state of the s
	23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) BREMOVIAL Specify Sept. 10-60 Riverview Cemetery Williamsport Maryland
	Burrial Sept. 10-60 Riverview Cemetery Williamsport Maryland 24. FUNEBALDIRECTOR'S SIGNAFURE Appress 250. REC'D BY REGISTRAR'S SIGNAFURE
1	Close & Seal Williams port My DATE SEP 1 3 '60 arthur S. Kraus
107	DATE DATE

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have may be retained by the hospital ar attending physician.

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refunction to a refuse this certificate has been signed by the attending physician and completely filled in by the function director, having be executed within 24 now recording the function of the function	-	4	2		4
ATTENDING FITSICIAN: The law requires that the death certificate be executed within 24 hours for death. A by the haspital ar attending physician (FECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fuyeral does be detached far use as the burial-transit permit. Then please remove carban appers. Pages 1 and 2 shauld be 1.		M	recto		age
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*ATENDING FITSICIAN: The law requires that the New York the haspital ar attending physician. *RECTOR: After this certificate has been signed by the complete that the permit. Then be detached for use as the burial-transit permit. Then	700 0	plea	ttend		dear
ATTENDING PATSICIAN: The law requires that by the haspital an attending physician. RECTOR: After this certificate has been signed by be detached far use as the burial-transit permit.	Pub	Then	the c		if the
ATTENDING FITSICIAN: The law required by the haspital ar attending physician. RECTOR: After this certificate has been signed be detached for use as the burial-transit per	NO.	mit.	d by		s the
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ATTENDING PHYSICIAN: The Its by the haspital ar attending phy RECTOR: After this certificate has be detached far use as the burial-	0	ransi	Deen	siciar	aw re
by the haspital ar attending. Note: The haspital are attending. RECTOR: After this certificate be detached far use as the but	matin	rial-l	has k	g phy	lhe l
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be detached for use	PILLIA	s as i	certif	r afte	200
by the hasp BECTOR: After be detached for	of it	ar use	this	tal a	Z
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w requires that the death certificate be	sician. een signed by the attending physician an	ransit permit. Then please remave carbar	n, ar remaval, and in any event, within 12
TO HOSPITAL STTENDING PHYSICIAN: The law requires that the death certificate be e	may be rehard by the haspital ar attending physician.	page 3 shauld be detached for use as the burial-transit permit. Then please remave carbag	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72
VR 15	A15 M 9/	(4) 59	1

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1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Re a. STATE b. COUNTY	sidence before admission)
Washington	MARYLAND	Maryland Washingto	n
b. CITY OR TOWN (If outside corporate limits, w	rite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	
RURAL ond give nearest town) Hagerstown		Hagerstown	
d. NAME OF HOSPITAL (If not in hospitol, give :	street oddrag)	d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION			ON A FARM?
Washington Cou	nty Hospital	745 Spruce St	YES NO
3. NAME OF First DECEASED	Middle	Last 4. DATE Manth OF Manth	Day Year
(Type or print) CHARLTON	NELSON REE		
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	7	NDER 1 YEAR IF UNDER 24 HR
Male White wi	DOWED DIVORCED	eptember 4 1960 yrs. Man	oths Doys Hours Min.
10g. USUAL OCCUPATION (Give kind of work done	106 KIND OF BUSINESS OR INDU		C. CITIZEN OF WHAT COUNTRY
during mast af working life, even if retired)			
	Infant	Hagerstown Wash Co Md.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Charles N. Reede	er Jr	Virginia Curry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES		NFORMANT Address	
(Yes, no, or unknown) (If yes, give war or dates of service)		
No	None Ch	arkes N. Reeder Jr 745 Sp	ruce St
18. CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c).]	Hagerstown Md.	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Paris Italia		UNSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> Conditions, if ony, which (b) DUE TO DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS Conditions, if ony, which (b) DUE TO DUE TO (c) DUE TO (ONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PERFORMED?
3			YES NO
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING 20b OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year		ACE OF INJURY (Home, farm, 20f. (City or tawn)	(County) (State
	While Not while for	ctory, street, office bldg., etc.)	
21. I certify that (I) (this haspital) a	ttended the deceased from	9/4 1960 to 9/4	19 <u>년</u> , that (I) (we) la
G	1 - /		
saw the deceased alive an	17_0% and that c	death accurred at LLM, from the causes and ar	the date stated above
22d. SIGNATURE	Man	M.D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS.	C. SIGNE
The state of the s	1007		1/6/60
22c. PHYSICIAN'S NAME (Type)	(h)	22d. ADDRESS	, ,
Kichmed	M- COULING	1 Stratonia Min	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY 28d. LOCATION (City, town, or cou	(State)
REMOVAL (Specify)	200. NAME OF CEMETER O		(Jiule)
gurial 9/5/60			sh Co Md.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 2Sb. REGISTRAR	'S SIGNATURE
Andrew K. Coffman	Hagerstown M	d. DATE SEP 9 '60 Cirilm	1 S. Kraus
2081172X12			

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FOR STATE DR. DITTO essary, please rector. Page your files. TO DEPUTY MIGLA EXAMINER: This certificate should be executed within 24 hours after death. If any delay create the lifticate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer as should be farwarded to the Chief Medical Examiner's Office along with form PM3, Page 5 may be retained for yy TO FUNERAL DIRECTOR: Page 3 should be used as a buriol'transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to buriof, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1078 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 1 () 777

•	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
	WASHINGTON MARYLAND	a. STATENIARYLAND b. COUNTY ASHINGTON
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	HAGERSTANN 1-HOUR	X SAN MAR ROAD RURAL
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
1	REAK OF PANGBORN CORP. PLANT	BOONSBORD MIDIRO VES NO DE
M	3. NAME OF First Middle	Last 4. DATE Month Day Year
2	(Type or print) COHN LUTHER K	DENOUR DEATH SEPT, 19- 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 14 FAR IF UNDER 24 HRS.
	MALE WHITE WIDOWED DIVORCED A	AUG 1 21- 1942 leat birthdey) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	ATTENDANT AT CAS STATION	WASH. CO. MO. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	WELTY RIDENOUS	LEILA SMITH
	15. WAS DECEASED EVER IN.U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
	[Yes, no, or unknown] (If yes, give war or dates of service) 218-460-3789 MI	ELTY RIDENOUS BOONSBORD MD.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTÉRVAL RETWEEN
	PART 1. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (6)Electrocution	Instant
1	DUE TO	
	Canditions, if ony, which (b)	
	(o), stating the underlying DUE TO	
	couse lost. (c)	
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
	3	YES NO 📆
	≥ PRIMARY DF or CONTRIBUTING	ter nature of injury in Part I or Part It of item 18.)
11		handling electric drill.
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	E OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State)
I	0 00	Street Hagerstown, Washington, Ma
	21. I certify that I taak charge of the remains described abov	
	opinion death resulted fram: Natural causes , Accident x	
	opinion deal resolved fram: National causes [], Accident [X	j, Soicide [], Homicide [], Onderermined manner []
	ACTUAL A MILLANTA	CHIEF MEDICAL EXAMINER (
2	SIGNATURE	ASSISTANT MEDICAL EXAMINER []
Y	EXAMINER'S NAME (Type) Dr. E. W. Ditto, Jr.	DEPUTY MEDICAL EXAMINER (3) 9-21-60
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	REMATORY 22d. LOCATION (City, town, or county) (State)
8	BURIAL SEPT. 22 1960 NIT. LENA @ E	METERY MILLENA WASH, CO. WID
00	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	244. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	Jalen & Bart BOONSBORD N	10. DATE OCT 3 '60 Circles S. Krus

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

TICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	10778
CERTIFICATE OF DEATH	10440
C MENTAL PROPERCY AND A LIFE LIFE CASE CASE PARTY	before administral

	COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where deceased li	ived. If institution: Residence before admission) b. COUNTY DORCHES TEK
1	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) HAGERS TOWN	c. LENGTH OF STAY IN 16 9 MONTHS		e limits, write RURAL and give nearest town)
d. WES	NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION STERN MD. STATE HOSPITA	oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
DE	CEASED First CEASED pe or print) Kate	Middle	PobinseN 4. DATE OF DEATH	Month Day Year Sept. 5 , 1960
5. SEX		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths Days Hours Min.
C	JSUAL OCCUPATION (Give kind of work dane 10b luring most of parking life, even if retired) THER'S NAME	KIND OF BUSINESS OR INDU	11. 8IRTHPLACE (State or foreign cour MAKYLAA 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
		BUINS SOCIAL SECURITY NO. 17.18	ONKNOWN '	Address (0 4 a - 1 = 5 T
(Yes, no	(If yes, give wor or dates of service)	CL	ARENCE Robinson	Solichier mo
	gove rise to immediate DUE TO	spiration 17th	vomitus tambus 16 Mestados - accident à hemij	INTERNATBETWEEN ONSET AND DEATH ONSET AND DEATH ON INDIVIDUAL TO MINUTES
TION		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO TO
ET E	///		D. (Enter noture of injury in Port I or Part II	
MEDICAL	Hour a. m. While	for the second s	ACE OF INJURY (Home, farm, 20f. (City or ctory, street, office bldg., etc.)	r town) (County) (Stote)
27	1. I certify that (1) (this hospital) attention with deceased alive on Sept. 3 20. SIGNATURE VICTOR L. 20. PHYSICIAN'S NAME (Type) VICTOR L.	amas,	14147	staff Sept. 5, 1960, that (1) (we) last 22b. DATE SIGNED PHYS. & Sept. 5, 1960
23a_B	NURIAL, CREMATION, 23b. DATE THEREOF SMOVAL (Specify) SEPT. 7, 1966 INDIVIDUAL TO BE STONATURE A B STONATURE TO B STONATURE A B STONATURE TO B STONATURE A B STONATURE TO B STONATURE TO B STONATURE A B STONATURE TO B	23c NAME OF CEMETERY OF TONG TONG TONG TONG TONG TONG TONG TONG	Church Cem. 10	ON (City, town, or county) (Stote) (Stote) (Stote) (Stote)
1	honos tablece	Salesbu	DATE SEP 8 '6	

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-	1. PLACE OF DEATH
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		111784	CERTIFIC	AIE OF D	EAIR		Reg. Dist.	. No.	
1.	PLACE OF DEATH o. COUNTY Washin	gton	MARYLAND	o. STATE	ENCE (Where dece	eased lived. If institu b. COUNT	rv	before admission tgomery)
	b. CITY OR TOWN (If outsi RURAL and give regrest Hage I's town	de corporote limits, wri lown)	c. LENGTH OF STAY IN 16		OWN (If outside co	orporote limits, write	RURAL ond giv	re neorest town)	
	d. NAME OF HOSPITAL (IF OR INSTITUTION Washington C	not in hospitol, give strounty Hosp.	eet oddress) ital	d. STREET AD		enson East	5	e. IS RESIDE ON A FA YES N	ARM?
3.	NAME OF DECEASED (Type or print)	First Fladys	Middle Whiting	Shelly	4. DA		onth	Day Yeo 20 19	60
	Female	white wind	ARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH		9. AGE (In year last birthdoy)) Months D	YEAR IF UNDER 2 Doys Hours	24 HRS. Min.
10	during most of working lift House wife &	ve kind of work done is, even if retired)	Vice Pres W.H. Whiting Co.	JSTRY 11. BIRTHPLA Balt:	CE (State or foreign	gn country)		U.S.A.	DUNTRY
	FATHER'S NAME William H		Marine Hardware	14. MOTHER'S					
15. (Ye	WAS DECEASED EVER IN L	J. S. ARMED FORCES? give war or dates of service)		Mrs. Robe:	rt A. Mac	ek,Concord	ddress 1, Massa	achusetts	s
Z	Conditions, if ony, w gove rise to immed couse (o), stoting the un lying couse lost.	DUE TO (c)	Justinsin Per	Claras	cular (Juna	ELVEN IN PART	10 ye	car
CERTIFICATION		terios cluso		read u	ith an	ericular.	This Util	PERFORM	IED?
MEDICAL	20c. TIME OF INJURY Mo Hour o. m. p. m.	wi wi	d. INJURY OCCURRED 20e. P hile Not while work 0 twork 1	LACE OF INJURY (H actory, street, office	ome, form, 20f. (oldg., etc.)	(City or town)	(Co	ounty)	(Stote)
	21. I certify that I alive on 9-20 ACTUAL SIGNATURE OL PHYSICIAN'S NAME (Type) Dalt	Ton M-	960, and that deat	M.D. 998	23/04M, f Adores Potomac	\$ (Street, city or tow	and an the	e date stated DATE	above signed
220		9/22/1960	22c. NAME OF CEMETERY O		22d. LC	DCATION (City, town		(Stote) Md.	
23.	FUNERAL DIRECTOR'S SIGN	NATURE SHOW	ADDRESS Waynesboro. P		DATE SEP 2		Cistrar's sign		

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 bayers after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus TO HOSPITAL VS A15 (4) 15M 10/57

er death. Page 4

DE HILLEN - CELT	STATE DEPARTMENT	anarya. Mark
	CERTIFICATE	DANTAL
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		Service Control

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFIC ATE OF DEATH

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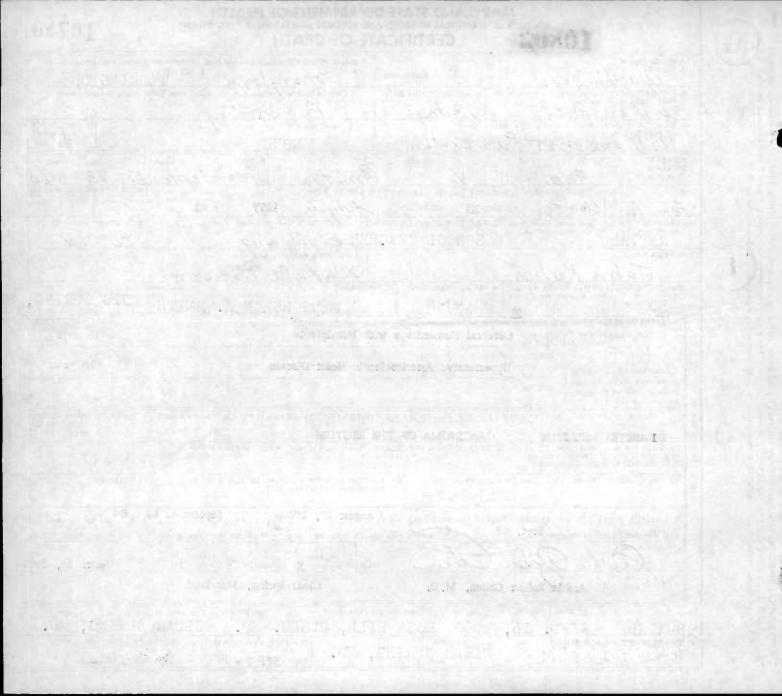
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	10000	CEKTIFICA	TIE OF DEA	\in				
1.	PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE O. STATE	CE (Where deceased I	ived. If institution b. COUNTY	n: Residence be	fore admission	n)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TOW	N (Woutside corporo	te limits, write RU	RAL ond give r	nearest town)	
	d. NAME OF HOSPITAL (I not in hospitol, give street oddress) OR INSTITUTION	arium	d. STREET ADDR	iess NONE	1		e. IS RESIDE ON/A FA YES	ARM?
3.	NAME OF DECEASED (Type or print) Ada V	Middle	Smith	4. DATE OF DEATH	Septer.	nber	Day Yes	or 60
L	Female White WIDOWED X	DIVORCED	B. DATE OF BIRTH	1877	lost birthdoy) 83 yrs.	Months Doy	s Hours	Min.
		F BUSINESS OR INDE	HER Bigs	Spring	ntry)		S. A.	UNTRY
L	John Kuhn		ma ha	la Bre	wer			
	(es, no, or unknown) NO (If yes, give wor or dates of service) NO (If yes, give wor or dates of service) UNKN		MISS	HELEN K.	Addre SMITH	BIG	SPRII	NG,
	LILLY 3 X DUE TO		rith Hemiplegia				15 years	
CERTIFICATION		NOMA OF TH	7-6-3			:N IN PART 1(o	PERFORM	NO 2
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY C While Not work □ of work □ of		PLACE OF INJURY (Homoctory, street, office bld		or town)	(Coun	ty)	(Stote
	21. I certify that (I) (this haspital) attended the deceased from August 28, 1960, to September 13, 1960, that (I) (we) los saw the deceased alive on Sept. 13							
	220. SIGNATORE 220. PHISICIAN'S 220. PHISICIAN'S	ten	M.D. ATTENDING PHYS. X		STAFF PHYS.	S	- 5	DATE SIGNEI 196
	NAME (Type) Archie Robert Cohen, M.D. Clear Spring, Maryland							
23	BURIAL SEPT. 16, 1960		HILL, CLS	PG. MD.	CLEAR	SPRII		-
24	AUNERAL DIRECTOR'S SIGNATURE CLE.	AR SPRING	2 MID	REC'D BY REGISTRATE SEP 1 9 '6		TRAR'S SIGNA		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 should be detoched far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Heolth priar to burial, cremation, or removal, and in any event, within 8 haurs after death. ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hay TO HOSPITA

VR A1S (4) 1SM 9/S9

er death. Page 4



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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with director, filed funeral be by the fune d 2 shauld 1 pup .= filled Pages death campletely popers. pup pon 103 .= physician emove ottending please P mayal permit. attending physician. burial-transit b peen cremation, has ATTENDING PHYSICIAN: The by the haspital or attending the certificate detach may be refament by the property functions. pe ö 3 should poge 3 sh the State 1

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VR A15 (4)

1SM 9/59

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE b. COUNTY MARYLAND Washington Washington Maryland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) most of life Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1424 W. Church Street Western Maryland State Hospital YES NO TO NAME OF 4. DATE Month Year DEATH (Type ar print) 1960 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Female February 4, 1882 White DIVORCED | WIDOWED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) New Oxford, Pennsylvania U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emily Kepner Abram Stambaugh 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT James W. Smith Hagerstown, Maryland none no CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH reumatoid arthritis, multiple. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last PASTAL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20d. ACCIDENT WAS UNDERVING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notice of injury in Part I ar Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Haur a.m. While Nat while at wark at wark p. m. 60. to Sept 30_, 19_60, that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceosed from _ Sept. saw the deceosed olive on 2012 and that death accurred of M. In from the couses and an the date stated above. 22a. SIGNATURE ATTENDING PHYS. MED. M.D 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) Dr. Young E. Chun 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar county) REMOVAL (Specify) Marvland Hagerstown Rest Haven Cemetery Burial 24. FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR Suter - Rouzer Funeral Cuilmy S. Hraus DATE OCT 3 Hagerstown. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1115011

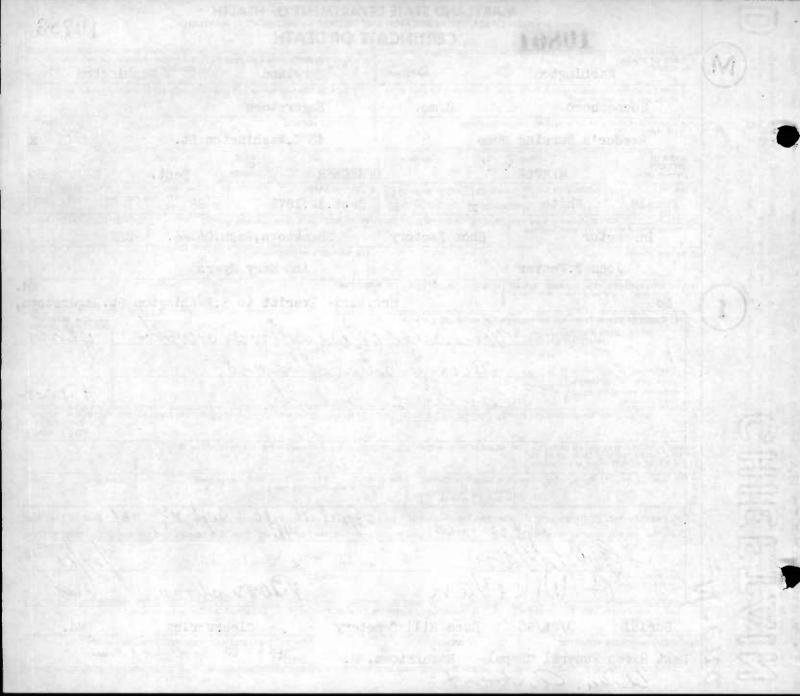
10782

death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then pleose remave carbon papers. Pages 1 and 2-shauld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hay TO HOSPITA VR A1S (4) 1SM 9/59

1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonespore 6 mo.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown							
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Reeder's Nursing Home	d. STREET ADDRESS 43 E. Washington St. 6. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)							
3. NAME OF First Middle DECEASED (Type or print) MYRTLE	SPRECHER 4. DATE Month Day Yeor SPRECHER Sept. 22 19 60							
S. SEX Female 6. COLOR OR RACE White Widowed Divorced	B. DATE OF BIRTH Sept.12,1872 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector Shoe Factory	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Shanktown, Wash. Co. Md. USA							
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
John T. Weaver	Ann Mary Myers							
(Yes, no, or unknown) (If yes, give wor or dates of service)	NFORMANT Address Mc s.Elsie Everitt 43 E.Washington St.Hagerstown							
CATC	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO							
	IED. (Enter noture of injury in Port I or Port II of item 1B.)							
	PLACE OF INJURY (Home, form, octory, street, affice bldg., etc.) (County) (Stote							
21. 1 certify that (1) (this haspital) attended the deceased fram. April 10. 1950, ta Dept 22, 1960, that (1) (we) last saw the deceased alive an April 22 1960, and that death accurred at 41. M, fram the causes and an the date stated above.								
22c. PHYSICIAN'S NAME (Type)	M.D. ATTENDING MED. STAFF PHYS. 9/24/60 SIGNER 22d. ADDRESS BUSINESS MA.							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specify) 9/25/60 Rose Hill Celebratery	(5.5.5)							
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	The second secon							
Rest Haven Funeral Chapel Hagerstown	n, Md. DATE 250. REGISTRAR 256. REGISTRAR'S SIGNATURE Cultury S. Frank							
Wey. a. Horst								



111783

111812 CERTIFICATE OF DEATH

10014	
1. PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. STATE b. COUNTY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
Hagerstown Rt.#4	Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 2
Broadforeing Road	
3. NAME OF DECEASED (Type or print) PAIIT. #inst Middle ET.MER	SPRECHER 4. DATE Manth Day Year OF DEATH Sept. 9 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Dec. 15 ,1892 67 yrs. 8 24 Hours Min.
100. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired)	
Truck Farmer 13. FATHER'S NAME	Willsons Wash. Co Md USA
13. FATHER S NAME	14. MOTHER'S MAIDEN NAME
John Sprecher	Catherine Zentmyer
	. INFORMANT Address Hagerstown M
(If yes, give war or dates of service) None M:	rs. Myrtle L. Sprecher Rt. #4
1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	INTERVAL BETWEEN
	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ing Occurrent melunt
DUE TO	
Conditions, if any, which) (b) leen (News Mennis 5 gus
gove rise to immediate	
lying course last	
, (c)	IUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
OF TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	PERFORMED?
2	YES NO 🖺
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Haur o. m. While Not while of wark of work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.)
	7 1 1 5 6 111
21. I certify that (I) (this hospital) attended the deceased fram	n. 7-1-, 180 , to 8-9-9-1966 , that (1) (we) last
saw the deceased alive an and that	t death accurred at fram the causes and an the date stated above.
22a. SIGNATURE	22b. DATE
A. The Luca 7	M.D. PHYS. SIGNED
22c. PHYSICIAN'S NAME (Type) HA F W III TU TO	22d. ADDRESS
	Training the same
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or caunty) Wash (State)
Burial 9/12/60 St. Pauls	s Cemetery Near Clear Spring Md
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Hagerstown Md.

250. REC'D BY REGISTRAR DATESEP 1 3 '60

Clothun & Kraus

TO HOSPITA VR A15 (4) 1SM 9/59

Andrew K. Coffman

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1		DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	
15		11)815 CERTIFICATE OF DEATH	10784
PatoMAC		PLACE OF DEATH a. COUNTY WASHING TO N MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) PLACE OF DEATH a. COUNTY MARYLAND ARYLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	N
ź)			ON A FARM?
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR)	1960 IF UNDER 24 HR
_	1100	DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 100 SERVICE (State or foreign country) 1. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF	WHAT COUNTRY
1		FATHER'S NAME OWN HOME NELSH KON (4.5) FATHER'S NAME OHRISTIAN MAISTOTTE NAME N	4.
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NONE OHN W. STEEN FUNK STOWN	Mp.
		IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO	et and death days
		Antonio colonatio Condi.	Years
0	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 None.	PERFORMED?
	CAL CERTI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II af item 18.) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County)	(State
	MEDIC	Hour a.m. p.m. 19 While at work affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram. Sept. 15., 19.60, to Sept. 25., 19.60, the	
		saw the deceased alive an Sept. 2019 60, and that death accurred at PM, from the causes and an the date 22a. SIGNATURE M.D. ATTENDING MED. DIRECTOR STAFF 9-27-6	stated abave
		22c. PHYSICIAN: R.A.Bell, M.D. 22d. ADDRESS Hagerstown, Maryland.	
9	230	DEBITAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) TREMOVAL (Specify) TO READ THE THEREOF 23c. NAME OF CEMETERY TO RECTORY WASHINGTOWN WA	(State)
113	1	Tale H. Bast BOONSBORD MD DATE OCT 3 '60 acting & the	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Washing ton b. CQUNTY MARYLAND Washington Marvland b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 RURAL and give negrest town) Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 534 Panbborn Blvd 534 Pangborn Blvd YES NO 4. DATE NAME OF First Middle Month Year DECEASED (Type ar print) EDWARD STONEBRAKER DEATH September GEORGE 196019 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Manths DIVORCED | 79 Male white WIDOWED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Downsville Wash Co Md. Electrical Engineer Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Rowland Huyett stonebraker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Stonebraker Viola H. No Hagers towner Me TWEEN angborn Blvd CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 5 min IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING ACCIDENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) Day, Year 20d. INJURY OCCURRED (State) (County) Haur a.m. factory, street, affice bldg., etc.) While Nat while at wark at wark 1960 ta _. 19.60, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram... and that death accurred a VA.A. M. from the causes and an the date stated above. saw the decealed alive an 22a. SIGNATURE 22b. DATE ATTENDING PHYS. SIGNED DIRECTOR [PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 318 h. Potomac St. Hagerstown md.

23a. BURIAL CREMATION. REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, tawn, ar caunty)

(State)

24. FUNERAL DIRECTOR'S SIGNATURE

Hagerstown Wash 25b. REGISTRAR'S SIGNATURE

Coffman Hagerstown Md. Andrew K.

DATE SEP 9 '60 Cirilian S. France

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MARYLAND STATE DEPARTMENT OF HEALTH

10787 CERTIFICATE OF DEATH 302

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	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. SIATE b. COUNTY.							
	Maryland Washington							
AY IN 16	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown							
	d. STREET ADDRESS e. IS RESIDEN ON A FARI							
	411 West Washington St YES NO							
dle	Last 4. DATE Manth Day Year							
STO	TELMYER DEATH Sept 14 1960 19							
RRIED X 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24							
CED 🗆	Tuly 4 1960 last birthday) Months Days Hours M							
S OR INDUST	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN							
t	Hagerstown Wash co Md. USA							
	14. MOTHER'S MAIDEN NAME							
	Frances Whorton							
NO. 17. IN	ORMANT Address							
Le	wis V. Stotelmyer Jr							
17	1 W. Washington st Hagerstown Rev Miles WE							
land.	ONSET AND DEA							
IMMEDIATE CAUSE (a) Chronac Johnson								
Canditions, if any, which) (b) Systemice 5 dys.								
DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO							
	PERFORMEI YES NO							
OCCURRED	. (Enter nature of injury in Part I ar Part II of item 18.)							
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (5							
fact	ory, street, office bldg., etc.)							
ad from								
	eath accurred atM, fram the causes and an the date stated ab							
na mar ae	22b.DA							
N	A.D. PHYS. DIRECTOR PHYS.							
	22d. ADDRESS							
	101 King St. I Ameritan Manyland.							
EMETERY OR	CREMATORY / 23d. LOCATION (City, town, or county) (State)							
111 C	emetery Hagerstown Wash Co M							
	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
Md.	DATSEP 1 9 '60 arthur S. Knies							
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TO HOSPITA

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
302 302

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10787

	1. PLACE OF DEATH o. COUNTY Washington		MARY		o. STATE Maryl		b	If institution		e before	odmissio	on)
	b. CITY OR TOWN (If outside car RURAL ond give nearest town) Hagerstown	1000	D. O. A		c. CITY OR TOV	WN (If outside		ils, write RI	URAL ond g	jive neare	st town)	
7	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION Washington County Hospital				d. STREET ADD		-7-17	V			IS RESII	DENCE FARM?
	3. NAME OF DECEASED (Type or print) CE(First	Middle ELLA	STO	TLER	0	PATE OF DEATH SC	Mon epte	mbei	Doy 28		ear 9 60
	5. SEX 6. COLOR Female Whi		RIED NEVER MARRIE		une 21	1895	9. AGE lost 65	(In years birthday) yrs.	IF UNDER Manths		Haurs	Min.
,	10a. USUAL OCCUPATION (Give kinduring most of working life, ever Housekeeper 13. FATHER'S NAME	n if retired)	KIND OF BUSINESS O	R INDUSTR	Hagers	town	Wash			US.		OUNTRY?
	John E. Sto		SOCIAL SECURITY NO	. 17. INFO	RMANT	tie V St o tle	. Sum	Addi	lviev	v Av	е	
	Canditians, if any, which gave rise to immediate couse (o), stating the <u>underlying couse lost.</u>	USED BY: CAUSE (o) DUE TO (b) DUE TO (c)	Least :	osci vit nis	in west	las fas	night		LOF _	2	WAS A	yu UTOPSY
	PART II. OTHER SIGNIFICATION OF CONTRIBUTING CAUSE OF	OF DEATH	CRIBE HOW INJURY O	CCURRED.	(Enter noture of in	njury in Port 1	or Port II of i	tem 18.)		,	PERFOR	NO X
	ZOC. TIME OF INJURY Month, Hour a.m. p. m.	While	NJURY OCCURRED Not while	20e. PLAC focto	E OF INJURY (Har ry, street, office bl	me, farm, 20 ldg., etc.)	f. (City ar taw	n)	(0	County)		(Stote)
	21. I certify that (I) (this saw the deceased alive 220. SIGNATURE	0 -	ded the deceased 27_19_60 , and		/	m 50	0		19.6 d an the			
	22c. PHYSICIAN'S NAME (Type)	w. 21)	Hom,	М.	D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTO	OR PHY	FF S. 🗆		1-	7/27	SICKIED P
	23a, BURIAL, CREMATION, REMOVAL (Specify)	TE THEREOF	23c. NAME OF CEMI			23d.	LOCATION (C			U/	(Stote	
1	24. FUNERAL DIRECTOR'S SIGNATURE Andrew K. Co.		ADDRESS	en G	3	50. REC'D BY	Hager REGISTRAR 3 '60	2Sb. REGI	n Wa STRAR'S SIG	SNATURE		d.

			Back. E.	
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	nwofsisgali -		mico que alla	
	C. Will Brynn Flace	Dylong	r removement d	
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TO HOSPITA

VR A1S (4) 1SM 9/S9

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		LACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (WE o. STATE	here deceased lived. If institution b. COUNTY	on: Residence before admission)
	, h		ashington outside corporate limits, write	c. LENGTH OF STAY IN 16	MC.	outside corporate limits, write R	Allegany
		RURAL ond give ne	arest town)	c. LENGTH OF STAT IN 18	e. Citt Ok IOWN (IF C	Juiside corporote limits, write ki	UKAL ONG GIVE HEGTEST TOWN)
			MCOCK AL (If not in hospitol, give street	2 yrs.	d. STREET ADDRESS	land U	O L = A
	٥	OR INSTITUTION		r oddress)			e. IS RESIDENCE ON A FARM?
6		Hancoc	k Rest Home		103 Ra	ace St.	YES NO
Ť		NAME OF DECEASED	First	Middle	Last	4. DATE Mon	th Day Year
	(Type or print)	Mary		Stotler	DEATH Sen	t. 8. 19 60
	S. S	EX	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER YEAR IF UNDER 24 HRS.
		Female	White WIDOW	VED # DIVORCED	Sept. 10, 1	1867 92 yrs.	Months Days Hours Min.
		USUAL OCCUPATIO	N (Give kind of work done 10bing life, even if retired)	. KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
\			ewife		Rerkelev	Co. W.Va.	TISA
	13. 1	FATHER'S NAME		PLEF EST.	14. MOTHER'S MAIDEN	NAME	
	1	वता तथा	Thomas Mye:	re	Sara	ah Nornton	
	1S. \	WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16		NFORMANT	Add	ress
7	(1 05,	No. or unknown) {	If yes, give war or dates of service)	None M	rs. B. Brit	tt Cumber	and. Md.
			TH [Enter only one couse per		/		INTERVAL BETWEEN
			TH WAS CAUSED BY:	remember.	1 pertin	n llan-	ONSET AND DEATH
		1150	DUE TO	The state of the s	1 octum.	- Comments	year
		Conditions, if or	. 0				
		gove rise to in	nmediate (
		couse (o), stoting to lying couse lost.	the under-				
	z		J (c)	CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERM	UNIAL DISEASE CONDITION GIV	/EN IN PART 1(o) 19. WAS AUTOPSY
-	ICATION	144 11 0111	EK SIOMITEANT CONDITIONS	CONTRIBUTION TO BEATTI	NOT KELATED TO THE TERM	THAT DISEASE CONDITION ON	PERFORMED? YES NO NO
1	FIC	20a. ACCIDENT WA	S HNIDERLYING TI 20h DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part Lor Part II of item 18 1	1E3 [] NO []
1	24	OR CONTRIBUTING	CAUSE OF DEATH	JEMBE 11011 HOOK! DECORNE	b. (Ellier holore of mary m		
		20c. TIME OF INJUR	Y Month, Doy, Yeor 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	m. (20f. (City or town)	(County) (State)
	MEDIC	Hour o.m.	While	e Not while fo	ctory, street, office bldg., etc	:.)	(200),
	×.	p. m.	of wo	ork ot work	0	f 13 Dolat	F 60
Н		21. I certify tha	t (I) (this hospital) atten	gled the deceased fram.	19	b to supply	19 that (I) (we) last
		saw the deceas	ed alive an	-Lo 19 64 and that	eath accurred at	M, fram the causes an	nd an the date stated above.
		220. SIGNATURE	11 10		ATTENDING *	AED STAFE	AN 10 SIGNED
		Dr VII	phindle	1		RECTOR PHYS.	19410/160
		NAME (Type)	Dr. B.M. Schi		22d. ADDRESS	3 Greene Stree and, Maryland	t /
4				rugitet.	Compett	and, Harytand	
	23a.	BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, town,	or county) (Stote)
		Burial	9-12-60	Greenway			Springs, W. Va.
6.	21.4	NERAL DIRECTOR	SIGNATURE	ADDRESS	2So. REC	'D BY REGISTRAR 2Sb. REGI	STRAR'S SIGNATURE
	//	mul.	Herelen B	erkeley Spri	ngs. W. VesE	P 1 4 '60 CL	thing of the

Hencook 2 Frs. Cumberland

Esmondy Rose Rose 105 Rose 18.

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Housewife USA US. W.Ve. USA

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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			esad sel Appra			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		40000		CERTIT	CAI	L OI DEATH						
1.	PLACE OF DEATH	YUL SEE		4		2. USUAL RESIDENCE (WI	here deceased	d lived. If instituti		ence befo	ore admiss	ion)
		Washingto	n	MARYLA	AND	Maryl	and	b. COUNTY	Was	hin	gton	
	b. CITY OR TOWN (RURAL ond give n	If outside carporate limi earest town)	ts, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (If	outside corpo	rate limits, write R	URAL ond	give ne	arest town	1)
	Hagersto	wn Maryla	and	7Days		Hancock	Mary	7land				
	d. NAME OF HOSPIT	TAL (If not in hospital, g	ive street	address)		d. STREET ADDRESS					e. IS RES	FARM?
W		n County	Hos	pital		Hancock	Mary]	Lend				NO
3.	NAME OF DECEASED	Fir	st	Middle	No.	Last	4. DATE	Mar	oth	De	зу	Year
	(Type or print)	San	nuel	Paul		Turner	OF DEATH	9		7	5	19 60
S.	SEX	6. COLOR OR RACE	1	RIED NEVER MARRIED	П В.	DATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR		ER 24 HRS.
	M	W	WIDOW		_	9.8.1910		lost birthday)	Months	Doys	Hours	Min.
100	. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (State	or foreign co	ountry)	12. CI	TIZENO	F WHAT C	OUNTRY?
	during mast of wor	king life, even if retired)					P. A		TT 0		
10	Labor FATHER'S NAME			Farming		Harrisonb		A.	1	U.S	.A.	
13.	PAINER S NAME					14. MOTHER'S MAIDEN						
	Charl	es Turner	•			Catheri	ne Sn	nith				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	ORMANT		Add	ress			
,,,,	No	(ii yes, give wor or dates or s	ervice)	094-10-987	II M	ildred J T	urner	Hanco	ck M	arv	land	
F		ATH Enter only one co	use per li	pe for (o), (b), and (c).]	lands with			110.000	111	-	ERVAL BE	
		ATH WAS CAUSED BY:			_						SET AND	DEATH
	1200	IMMEDIATE CAUSE ()	Infarction	- 0)	myscardin	m			-	8 Tu	in
	700	DUE TO		a . () .	. 6.						0	
	Conditions, if o		, (bitterschr	still	Coronary	throw	uboses			Hays	1
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	lying cause lost.	le onder	, (erterios elen	stre	heart de	mare			14	udife	mete
Z	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(a)	19. WAS	AUTOPSY
Ĭ			4								PERFO YES	RMED?
FIC	20g ACCIDENT W	AS LINIDERLYING T	20h DES	CRIRE HOW INTILIPY OCC	CLIDDED	(Enter noture of injury in	Part Lor Por	t II of item 18)			153	140 🛅
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. DE3	CRIBE NOW INJURY OCC	CORRED.	(Lines horore of injury in	rail i oi roi	i ii di hem ib.)				
MEDICAL	20c. TIME OF INJUR	RY Month, Doy, Ye	or 20d. I	NJURY OCCURRED 2		E OF INJURY (Home, farm		or tawn)		(Caunty)		(Stote)
G.	Haur o. m.	19	While	Not while	facto	ary, street, office bldg., etc	:-)					
2	p. m.		ot wor	k of wark		1 (v		1 1-1-				
	21. I certify the	at (I) (this hospital) attend	ded the deceased fi	rom	Sept 8 19	65 . to	AUT 15	19_	60, th	not (1) (we) lost
	saw the deceo	sed olive on	MI	5 1960 , and t	hat de	ath occurred at	M, fram	the touses ar	d on th	ne dote	stoted	above.
	220. SIGNATURE) 0 ().				,			2 4	10		b. DATE
	(A	X Standa	11		М		ED.	STAFF PHYS.	lot	+1	6 191	SIGNED
	22c. PHYSICIAN'S					22d. ADDRESS			- 70	4	2,116	20
	NAME (Type)	K & STA	UFF	FFR		Haa	ANTA	m. n.d	- 1			
						1,000			/			
230	 BURIAL, CREMATIC REMOVAL (Specify))1-	23c. NAME OF CEMET	ERY OR			TION (City, town,			(Stot	e)
	Burial	19.18.60)	Oliver Gr	ove	Cemetery	Oldt	own Al	lega	ny 1	Md.	The state of

25a. REC'D BY REGISTRAR DATE SEP 1 9 '60

Allegany Md

arthur S. Kraus

Burial 9.18.60 Oliver Grove Cem
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
James F, Scarpelli Cumberland, Md.

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, to Funeral the detailed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour

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TO HOSPITA VR A15 (4) 15M 9/59

ETAPARO TIACHTA E EDV TO THE a bin Art. 11 Second State of the second state of the second seco bealtral Spaces - Last was saved in military with a company of the and the property of the second hasive is a commit wanted to be while the total of en arme a fill goverheld greatered oracle ratification out to AND THE RESERVE OF THE PARTY OF

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FICATE OF DEATH	1()791 Reg. Dist. No.

1	o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (o. STATE Md •	Where deceased lived. b.	If institution: Resident COUNTY Was		on)
	RURAL ond give nea Boonsbor		c. LENGTH OF STAY IN 16	Xrural	If outside corporate limit Smithst			
	or institution Reeder N			d. STREET ADDRESS			e. IS RESII ON A YES	FARM?
3.	NAME OF DECEASED (Type or print)	Luella	Middle Elizabeth	Unger	4. DATE OF DEATH	Month Sept.		/eor
5		6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED		1873 9. AGE lost b	(In years IF UNDER months)	1 YEAR IF UNDER	
1	during most of working	ng life, even if retired)	DIVORCED DIV	Smithsb	ourg. Md.	yrs.	ZEN OF WHAT CO	DUNTRY?
	3. FATHER'S NAME J.	Leonard Vo	gel	14. MOTHER'S MAIDEN		Sigler		
		IN U. S. ARMED FORCES? 16 yes, give war or dates of service)	SOCIAL SECURITY NO.	INFORMANT	No America	Address	0	
-	no			onard W. U	Inger, Hag	erstown,	Md.	
	PART I. DEATH	mediate (D)	eneralized	Mericock	Perocis		INTERVAL BET	
CEDTIEICATION	PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING IN CITY OF THE PROPERTY OF TH	UNDERLYING 20b. DE	CONTRIBUTING TO DEATH BU				T 1(o) 19. WAS A PERFOR	RMED?
MEDICAL		Month, Doy, Year 20d. While		ACE OF INJURY (Home, for actory, street, office bldg.,	orm, 20f. (City or town) (0	County)	(Stote)
,	21. I certify that alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	J. W. Leva	61	0 , 19 60 , ta /	M, fram the ca ADDRESS (Street, city		date stated	
2	20. BURIAL, CREMATION REMOVAL (Specify) DURIA	, 22b. DATE THEREOF 9-8-60	22c. NAME OF CEMETERY C		22d. LOCATION (CI		(Stote	•)
	3. FUNERAL DIRECTOR'S		ADDRESS	24a. RE	EC'D BY REGISTRAR	24b. REGISTRAR'S SIC		
18	Scott F. M	linnich & So.	n, Smithsbur	g. Md. DATE	SEP 9 '60	arthur.	8. Kraua	

may be retoing by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral page 3 shauld be detached far use as the buriol-transit permit. Then please remave carbon popers. Pages 1 and 2 shauld be ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours page 3 shauld be detached for use as the buriol-transit permit. Then please remave carbon popers. the registrar priar to burial, cremation, ar removal, and in any event within 72 hours offer-death.

death. Page 4

TO HOSPITAL VS A15 (4) 15M 9/5B

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Stout F. Manich & Son, Smithabute, Ma. or January

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10790 CERTIFICATE OF DEATH

10792

1	1. PLACE OF DEATH a. COUNTY	10000 11 y12 31.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen o. STATE b. COUNTY	
	Washington	MARYLAND	Maryland b. cookii Was	shington
/	b. CITY OR TOWN (If outside corporate limi RURAL ond give nearest town)	its, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporote limits, write RURAL and	give nearest tawn)
	Hagerstown	5 years	Hagerstown	
N.	d. NAME OF HOSPITAL (If nat in haspital, g OR INSTITUTION	give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	Western Md. State	Hospital	106 East Ave.	YES NO
	3. NAME OF Fir DECEASED (Type or print)	st . Middle . Martle Va	Last 4. DATE Manth OF DEATH Sopt.	Day Year
	5. SEX 6. COLOR OR RACE		B. DATE OF BIRTH 9. AGE (In years IF UNDER	
	Female White	WIDOWED DIVORCED	March 14, 1884 76 yrs. Months	Days Hours Min.
,	10a. USUAL OCCUPATION (Give kind af work during mast af warking life, even if retired.			U.S.A.
	David Vance		Katherine Shedrach	`
	15. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 117.	NFORMANT Address	
	(Yes, no, or unknown) (If yes, give war or dates of s	ervice)	rs. Carrie J. Vance Hager:	stown Md.
	Jold posterior my	Others scle ro	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEA
	20c. TIME OF INJURY Month, Day, Yes Hour a.m. 19		ACE OF INJURY (Home, form, clotory, street, office bldg., etc.)	County) (State)
	saw the deceased alive on <u>Se</u>		death occurred at M, from the causes and an the	e date stated above.
	22a. SIGNATURE Victor	or L. Ramas	M.D. PHYS. MED. STAFF PHYS.	Sept. 8,1966
	22c. PHYSICIAN'S	TOR L. Ramos, m	22d. ADDRESS	lagerskun, ma
	23a. BURIAL, CREMATION, 23b. DATE THEREC	DF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, ar county)	(Stote)
	REMOVAL (Specify) 9-8-60	Rest Have	en Cemetery Hagerstown	d.
-	24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
1	Scott F. Minnich	& Son Hagerstow	Vn Md. DATE SEP 13'60 Grillur &	. Thus

TO HOSPITA VR A15 (4) 15M 9/59

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O FUNERAL EXECTOR: After this certificate has been signed by the ottending physician and completely filled in by We funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours ofter death.

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TO HOSPITAL OF ATTENDING PHYSICIAN: The law requ		TO FUNERAL DIRECTOR: After this certificate has been sig	
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1	5M	9/	55

	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
10791	CERTIFICATE OF DEATH	Reg

10793

			Reg. Di	ist. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution: Resider b. COUNTY d. Washin:	
RURAL and give nearest tawn)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside carporote limits, write RURAL and	
d. NAME OF HOSPITAL (If not in hospitot, give street addre OR INSTITUTION Washington County Hospital		d. STREET ADDRESS 144 N. Popon	1	e. IS RESIDENCE ON A FARM?
		Titt IV. 1 Open	ac boreet	YES NO A
3. NAME OF First DECEASED (Type or print) Alice	Weagley	Wagner	4. DATE Month OF Sept	16 Yeor 60
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED 1. WID		B. DATE OF BIRTH Aug. 6. 1880	lost birthdoy) Months	Doys Hours Min.
Owner Operator Speciality St		TRY 11. BIRTHPLACE (Stote of	or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Eneodore Weagley		Elizabet	h Winters	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no. or unknown) (If yes, give wor or dates of service) NO	one 17. If		Address ey, Middletown, Md.	
1B. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Pulmor DUE TO				INTERVAL BETWEEN ONSET AND DEATH 30 min.
	oophlebitis,	pelvic		?
PART II. OTHER SIGNIFICANT CONDITIONS CONTROL Squamous cell carcinom				
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED). (Enter nature of injury in Po	art 1 ar Port II af item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY While at work	Not while foc	CE OF INJURY (Home, form, tary, street, affice bldg., etc.)	20f. (City or town)	County) (State)
21. I certify that I attended the deceased fralive an Sept 16 19.60	om Sept 7th	accurred at 7:40P	M, fram the causes and on the course of the	last saw the deceased he date stated above DATE SIGNED
SIGNATURE JOHN H. M.	have the	131 W. Wash	ington Street	Sept 17,19
PHYSICIAN'S John H. Kehne M.I.).	Hagerstown	, Md.	
220. BURIAL, CREMATION, REMOVAL (Specify) 9/19/60 22c.	NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, town, or county) Hagestown Wash	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffman, Hagers		24a. REC'D	BY REGISTRAR 24b. REGISTRAR'S SIG	SNATURE

OF HEALTH-BALTIMORE, TB	DEMIN	STATE DEPA	MASSAM	
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

death. Page 4

Www. a. Host

	PLACE OF DEATH	Washington		MARY	LAND	A STATE	DENCE (Wh		l lived, If institu b. COUNT	tion: Reside	nce befo	re admissi On	on)
	b. CITY OR TOWN (RURAL ond give r	If outside corporate limi legrest town) Hagerstown	ts, write	c. LENGTH OF STAY D.O.A		10		msport	rote limits, write R#2	RURAL ond	give nec	arest town)
	d. NAME OF HOSPI OR INSTITUTION Washing	TAL (If not in hospitot, g ton County	Hospi	tal		d. STREET A		msport	R#2	,		ON A	DENCE FARM? NO
	NAME OF DECEASED (Type or print)	Catherine		Middle Netti	е	Watki		4. DATE OF DEATH	Sep	t.	17	,	fear 1960
S. 5	Female	6. COLOR OR RACE White	7. MARRIE			Octobe		1907	9. AGE (In year last birthdoy) 52 yr	Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
10a	during most of wor House	ON (Give kind of work of king life, even if retired WIIE	ione 10b. K	Own Hom		RY 11. BIRTHPL		or foreign co		12. CI	USA		OUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME					
	L	uther M.Ston	ner			An	ma L.	Metzer					
15. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		None		ormant nk F.Wa	tkins	∩R#2	William	sport,	Md.		
VIION	Conditions, if a gove rise to couse (o), storing lying couse lost.	the under-)	ONTRIBUTING TO DEA	6 C	OF RELATED TO	O THE TERMI	MAL DISEASI	E CONDITION G	FU.	RT 1(o) 1	9. WAS / PERFO	RMED?
MEDICAL CERTIFICATION	(IF ETHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY O					KILL IN			YES	
MEDICA	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yes	While	Not while of work		ory, street, office			or town)	1	(County)		(Stote)
	///	at (I) (this hamited asset alive on Ralph F	Young	em of	that de	.D. ATTENDIN PHYS. 22d. ADDR	G ME DI ESS	RAM ED. RECTOR	the causes. STAFF PHYS. William	9	e date	stated 18	aboyle.
230	BURIAL, CREMATIC REMOVAL (Specify Burial	9/21/60		(/		crematory emetery	,		MON (City, town	, or county)		(Stote	9)
24.	Rest Have	es signature en Funeral (Chapel	ADDRESS			2So. REC'	D BY REGIST	RAR 256, REC	GISTRAR'S S	IGNATU	RE	

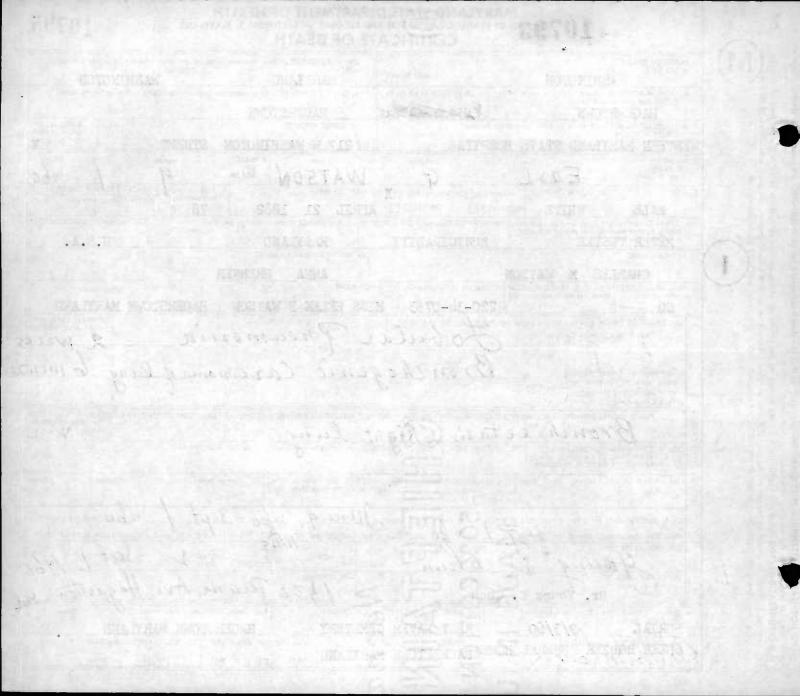
VR A15 (4) 1SM 9/59

TO HOSPITAL

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haura

			-	_	1	
J	d in by the funeral director,	and 2 shauld be filed with		V)
	an and completely filled	carban papers. Pages 1	in Z2 hours ofter death.	1		
	, the attending physici	Then please remave of	and in any event, with	-	,	
naspiral ar arrenaing priysician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director,	hed for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with	th priar ta burial, cremation, or remavol, and in any event, within 22 hours ofter death.		~)
ndspir	After 1	hed for	h prior			

1. PLACE OF DEATH a. COUNTY	ASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where dece- o. STATE MARYKAND	b. COUNTY	sidence before admission) SHTNGTON
b. CITY OR TOWN RURAL and give HAGER		2 MOS 22da	c. CITY OR TOWN (If outside co	rporote limits, write RURAL	and give nearest town)
OR INSTITUTION		SPTTAL	d. STREET ADDRESS	ON STREET	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Earl	Middle	WATSON 4. DAT	Month	Day Year
s. sex		RRIED NEVER MARRIED NED DIVORCED	B. DATE OF BIRTH APRIL 21 1882		NDER 1 YEAR IF UNDER 24 HR nths Days Hours Min.
METER T	ION (Give kind of work done 10k rking life, even if retired)	MUNICIPALITY	MARYLAND	n country)	U.S.A.
3. FATHER'S NAME CHAR	TEC W WATCOM		14. MOTHER'S MAIDEN NAME	MITTO	
S. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.	INFORMANT BREN	Address	
(Yes, no, or unknown) NO	(If yes, give war or dates of service)	220-34-0753	MISS HELEN B WATSO	N HAGERSTO	WN MARYLAND
Conditions, if gave rise ta couse (o), stating lying cause last	immediate DUE TO	Bron cho		inoma of l	lung 6 mon
OLA ACCIDENT W	ron chieca	tasis Ria	IT NOT RELATED TO THE TERMINAL DISE RED. (Enter noture of intry in Part I or		PERFORMED? YES NO
OR CONTRIBUTION (IF EITHER, NOTIF	Whil		PLACE OF INJURY (Home, farm, actary, street, affice bldg., etc.)	City ar tawn)	(County) (State
21. I certify the	ot (I) (this hospital) after osed olive on SLOT	1 /	11 100		19_60 that (I) (we) last the dote stated above
22a. SIGNATURE	oung &	Chun	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	Sept / 22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	Dr. Young E. C	hun	22d. ADDRESS Pe	una. Ave	Hagerstonn ,
23a. BURIAL, CREMATI REMOVAL (Specif BURIAL)	ON. 23b. DATE THEREOF	23c. NAME OF CEMETERY REST HAVEN		CATION (City, town, or con	YLAND (Stote)
24 THE PALE RESTO	ZER FUNERAL HO	ME HAGERSTOWN	MARYLAND 25a. REC'D BY REC		R'S SIGNATURE



1			-				
)	1. PLACE OF DEATH a. COUNTY	Washington	MARYLAND	a. STATE	(Where deceased lived. If b. Co	OUNTY	1/
	b CITY OR TOWN (III	autside carporate limits, write	c. LENGTH OF STAY IN 16		(If autside carporate limits,	write RURAL and give no	
	RURAL and give ne Hagersto	arest tawn)	4 Moe7 Days	Cumber		0101	-4
1	d. NAME OF HOSPITA	AL (If nat in haspital, give stree	address)	d. STREET ADDRES	S		e. IS RESIDENCE ON A FARM?
1		pland State Hos	pital	517 Greene	Street		YES NO
	3. NAME OF DECEASED (Type or print)	John	Lawrence	WAYS	4. DATE OF DEATH	Month Do	1 1960
	S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In last birt	4 1 - 1	1
	Male	White WIDOV	/ED DIVORCED	June 11.18		yrs. Months Days	Haurs Min.
	100. USUAL OCCUPATIO	N (Give kind of work done 10b	. KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (S	itate or fareign country)	12. CITIZENO	F WHAT COUNTRY?
	Linotype of	operator- Cumbe	erland Times	Maryl		U.S	.A.
	13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME		
1	Samue]	D. Ways		Barba	ra Wiegand		
1	1S. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	NFORMANT	517 G	réene Stree	t.
	No	2		rs. Edith A		rland, Mary	
		TH [Enter anly one cause per	ine far), (b), and (c).]				SET AND DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	to bula	r /nu	morna	1 9	2 Weeks
	13.	DUE TO	. 0.	111	0	,	1
	Canditians, if an	ny, which) (b)	glioma	Post	Mem: 10	shere A	1/er/4e
	gave rise to in	nmediate (0				
	lying cause last.	(c)					
	Z PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY
	CATIC	Atria	2 fibril	lation			YES NO
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	scribe How injury occurr	ED. (Enter nature af injur	y in Part I ar Part II af item	1B.)	
	3 20c. TIME OF INJUR	Y Manth, Day, Year 20d.		LACE OF INJURY (Home,		(County)) (State)
	20c. TIME OF INJURY Haur a. m.	While	Nat while	octory, street, office bldg.	, etc.)		
		ui we		1000 00	1.1.1	11 /	
	21. I certify tha	t (I) (this hospital) atten			12.60.ta_>0.ta_	19.60	hat (I) (we) last
		ed alive an Sept. 4	19 60 and that	death accurred at	M, fram the caus	ses and an the date	
	220. SIGNATURE	ung &	Chan)	M.D. PHYS.	MED. STAFF	by Sept. 4.	1960 SIGNED
	22c. PHYSICIAN'S	1		22d. ADDRESS		4.6	
	NAME (Type)	Young E. Chun		1500	Penna. A	re Hagers	town, Ma
	23a. BURIAL, CREMATIO	N, 23b, DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	tawn, ar caunty)	(State)
	REMOVAL (Specify)	9/7/60	RoseHill Cen	etem	Cumberland	i Mar	vland
1	24. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS			b. REGISTRAR'S SIGNATU	-
1	H. Lee S:	ileox Chumbe	erland Mary	and DAS	EP 7 '60	arthur S. Krous	
1			TOTAL LIGHT AT	-consec			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any eventuality 72 hours after death. er death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur TO HOSPITA VR A1S (4) 1SM 9/59

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	feast2_amesc0_72	Latinosi esasi	
	G NUT.LL am		olat
e/14/3 V		ges" i busifraduti, -re	Lineary approach
deen Same	hersely runcing 1578 dead report 1 dillo		ST A DAMES
CASPEL &			
	tolk van Kirlin		
The Hotel			
THE SCHOOL A	183	1. Com	Argust 1
1 Marie por 1	and products	oranga filipanaja — Ok	Nave Tebras

with

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campletely filled papers. Pages 1 o

the attending physician and Then please remave carban any event, within

may be retain. To FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached far use as the burial-transit permit, the State Board of Health prior to burial, crematian, ar remayal,

and

haurs after death

funeral directar, death. Page

PHYSICIAN: The law requires that the death certificate be executed within 24 haur

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

10797

	10795	CERTIFICA	TE OF DEATH	1	302	1 1 150		
1. PLACE OF DEATH o. COUNTY Washing	ton	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	***********	Washin		efore admis	sion)
b. CITY OR TOWN RURAL ond give Hager	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	rote limits, write R		nearest tow	n)
OR INSTITUTION	ITAL (If not in hospitol, give stree berry Ave	t oddress)	801 Mulb	erry	Ave		ON	SIDENCE A FARM? NO []
3. NAME OF DECEASED (Type or print)	ALLIE	May	WELTY Last	4. DATE OF DEATH		ember	Day 22 1	Yeor 9 %0
s. sex Female		RRIED NEVER MARRIED DIVORCED DIVORCED	June 15 18	79	9. AGE (In years lost birthdoy) 81 yrs.	Months Do		Min.
10a. USUAL OCCUPAT during most of wo Seamstre 13. FATHER'S NAME	ION (Give kind of work done rking life, even if retired) SS Self	Employed	Paramoun 14. MOTHER'S MAIDEN	t Was			SA	COUNTRY
Will	iam Lohr		Barbar	a Clo	pper			
1S. WAS DECEASED EV (Yes, no, or unknown)	[If yes, give wor or dates of service]		NFORMANT BS Leola Lo	hr 80	Add l Mulbe		re	
	ATH [Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	Hagerstown	Md.			NTERVAL B	DEATH
Conditions, if gove rise to couse (o), stoting lying couse lost	ony, which (b)							
ICATIO	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU				VEN IN PART 1(19. WAS PERFO YES	ORMED?

OR CONTRIBUTING CAUSE OF DEATH

Hour o. m.

p. m.

(Stote)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year

20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

21. I certify that (I) (this haspital) attended the deceased fram. $3-2\omega$

While Not while ot work ot work

1960 that (1) (we) last

saw the deceased alive an 220. SISNATURE

ATTENDING PHYS. M.D. DIRECTOR | 22d. ADDRESS

SIGNED 23-60

22b. DATE

22c. PHYSICIAN'S NAME (Type)

Rtomac Ave. Hagerstown.

1957, ta

1960, and that death accurred at A.M. from the causes and an the date stated above.

23g. BURIAL CREMATION. REMOVAL (Specify) Burial

23b. DATE THEREOF

Weltv.

23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery 23d. LOCATION (City, town, or county) Hagerstown Wash Co

STAFF PHYS.

9-23-

(Stote)

24. FUNERAL DIRECTOR'S SIGNATURE

Dalton

ADDRESS

25a. REC'D BY REGISTRAR

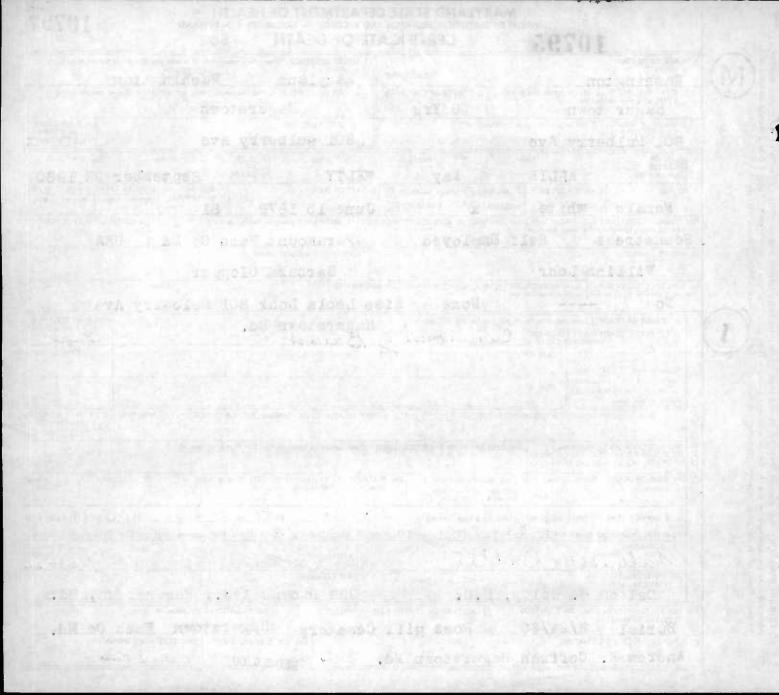
2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 1SM 9/59

Andrew K. Coffman Hagerstown Md.

DATE P 2 6 '60

Circling & Kraus



TO HOSPITAL

VR A15 (4) 15M 9/59

1. PLACE OF DEATH a. COUNTY Washi	ngton	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)		L COUNTY	ence before admission) hington	
b. CITY OR TOWN (If ou RURAL and give neares	side corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate li	mits, write RURAL one	d give nearest tawn)	100
Hagerstov		l week l d	ay Willia	msport	Md (Rura	1) RFD #1	
d. NAME OF HOSPITAL (f not in haspital, give street	address)	d. STREET ADDRESS			e. IS RESIDEN	ICE
Washington		spital	Williamsp		RFD #1	YES NO	
3. NAME OF DECEASED (Type or print)	Ronald	Jay Middle	Whipp	4. DATE OF DEATH	Sept.	30 19 6	50
S. SEX 6.	COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AC		ER 1 YEAR IF UNDER 24	
Male	hite widow	ED DIVORCED	Sept. 22 19		yrs. Months	Days Haurs M	Ain.
10o. USUAL OCCUPATION (during most of working	Give kind of work done 10b. life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	ar foreign country)	12.C	ITIZEN OF WHAT COUN	ITRY?
none			Hagersto			U.S.A	
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME			
Charle	es Whipp		Phyllis	Whitti			
15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.		IFORMANT	· · W	illiamsp	5M +mo	
No		None M	r. Charles	Whipp w	TTTTSMSb	or tra.	
18. CAUSE OF DEATH	[Enter only one couse per li	ine for (o), (b), and (c).]			TO TI	INTERVAL BETWEE	EN
	VAS CAUSED BY:	andia - 1	Soureton	~ 20	vest	ONSET AND DEA	IH
756	DUE TO	2010.0		1			Maria
Conditions, if ony,	31	and to t	Commelan	0	1	1	
gave rise to imm	diote	emercolly !	compros	Jen en	Care -	200	7
couse (a), stating the lying couse last.							V
	(c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CON	IDITION GIVEN IN P	ART I(o) 19. WAS AUTO	OPSY
\$ (0) st -	h High	Lucas	@ ? 0	Sec. 11	Ban-1	JERFORMED	DS
20a. ACCIDENT WAS U	NDERLYING TI 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Port II of	item 18.)	and the state of t	Z.
OR CONTRIBUTING (IF EITHER, NOTIFY MEI	CAUSE OF DEATH						
		NJURNOCCURRED 20e. PL	ACE OF INJURY (Home, farm	n, 20f. (City or to	wa)	(County) (S	Stote)
ZOc, TIME OF INJURY Haur a. m. p. m.	While	_ Not while _ fo	ctory, street, effice bldg., etc.	.)		(Coomy) (3	siole)
₹ p. m.	of wo	rk ot work					
21. I certify that () (this haspital) atten	ded the deceased fram	7-22 16	01.ta7	- 30, 19	60, that (1) (we)	last
saw the deceased	alive an Z= Z	39 1960, and that o	leath accurred a	M, fram the	causes and an t	he date stated abo	ave.
220. SIGNATUE	-12	0-1	ATTENDING & W			22b. DA	TE
1111	11 June	w	M.D. ATTENDING MI	ED. STA	YS.	7-30-	- 6
22c. PHISICIAN'S NAME (Type)	- 6		22d. ADDRESS	01		1 1	
Traine (type)	E. By	KIT	28W	HOTO	mac 1	Warpt	14
	23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION	City, town, or county	(State)	
Burial (Specify)	Oct. 2 196	0 Greenlawn	Cemetery	Willia	msport N	laryland	
24 FUNERAL DIRECTOR'S SH	GNATORE /	ADDRESS		D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
al mar a	Julion -	Mellongo	DATE CT	73 '60	authur &	Kinus	
11010	1 9 1 119						

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	has Syn a		mitnetics	
I (MR (Jews)	No asonewat III - The	I desv I kil		STORES
	M. Meddecandlill	istland		
	et sow golde	To you		
	309 . 69 1930		61710	
L. A. F.	.bh tuointeanh			
	Secretary and their miles		golder ander	
All process M.	in. Charles and parties			
		Market VE		
Beauty a				
	and I TANK Year of a	anafaeand bay	1 2 .380	f= 1436

death. Page 4

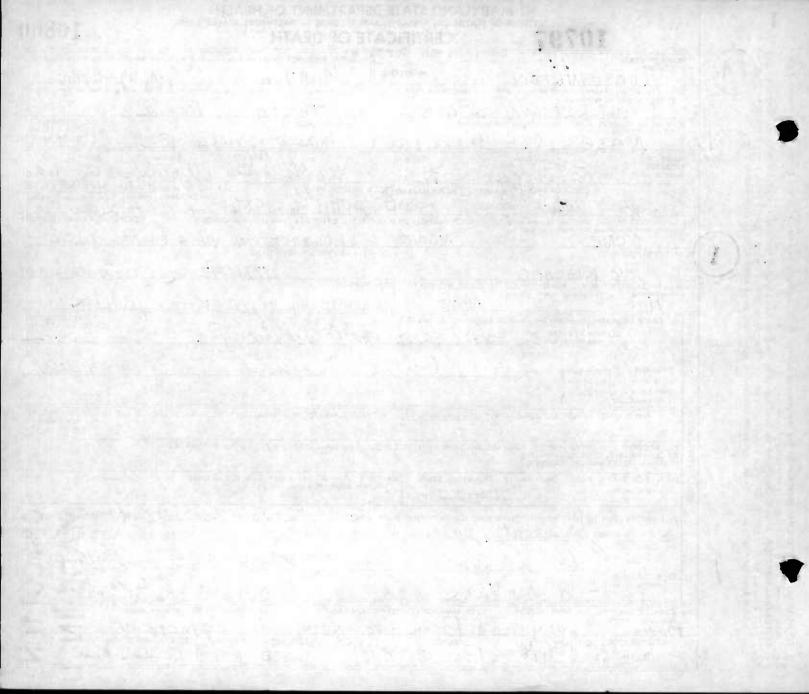
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haury

TO HOSPITAL

VR A1S (4) 1SM 9/59

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	4.5	2	5	1	8.	ı
- 1	1.3		ч	*	ч.	١

	10/3/ CERTIFICATE OF BEATH	
BA	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare	admission)
(1)	a. COUNTY DASHINGTON MARYLAND O. STATE WASHINGT	TO/V
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares RURAL and give nearest tawn)	st town)
	HAGERSTOWN 2 WEEKS TRELO KURAL	
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION e.	IS RESIDENCE ON A FARM?
	WASH. CO. HOSPITAL KEEDYSVILLE R. 1	YES NO
4	3. NAME OF DECEASED (Type or print) Potaglic Anna World OF DEATH Deplember 2	Yeor
17	The state of the s	1960
	Markies Never Markies Never Markies Never	Haurs Min.
Œ	June 1 100 pt	· VHAT COUNTRY?
-	during most of warking life, even if retired)	.0.1
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	13.17
	NO RECORD XWOHE/E Naomi Virgini	ia Wolf
7	IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	a_RULL
	(Yes, no, or unknown) (If yes, give war or dates of service) NOR NIRS-NERUE CLIPP. KEEDYSULLIS	· Mo
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	VAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Hyprogammablobulinemia L	ife:
	759.3 DUE TO // /2 9 // . 0	
	Canditions, if ony, which gave rise to immediate (b) Neumanua - Uncel	week
	cause (o), stoting the <u>under-</u> DUE TO	
	1ying couse lost. (c) (c)	WAS AUTOPSY
		PERFORMED?
	20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
А	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Solution (County) Tactory, street, affice bldg., etc.)	(Stote
	Hour o. m. While Not while factory, street, affice bldg., etc.) p. m. 19 While Not while of wark of wark	
	21. I certify that (1) (this haspital) attended the deceased from June 2 1958, to Sept 2, 1960, tha	t (I) (we) las
	saw the deceased alive an Alpt 1960, and that death accurred at A.M. fram the causes and an the date s	
	220. SIGNATURE ATTENDING MED. STAFF 1 A A 2 16	22b. DATE SIGNED
	22c. PHYSICIAN'S 22d. ADDRESS	160
	NAME (Type) (F. 1) LOVA 10 1300 N.S. 60 YO - /Nd	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(Stote)
11	REMOVAL (Specify)	(Siole)
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	
	Jaler W. Dask BooksBOKO MV. DATE SEP 14'60 Chilling S. Know	



ar remayal.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10798 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10801

Reg. Dist. No.

1. PLACE OF DEATH	WASHINGTON		MAR	YLAND	2. USUAL RI G. STATE		Vhere decease	ed lived. If Institu b. COUNT			ore odmi	
b. CITY OR TOWN end give negrent HAGERS	N (If outside corporate limits, write fown)	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY O		GERST	orote limits, write	RURAL and	give ne	porest to	wn)
d. NAME OF HO	SPITAL OR INSTITUTION (IF	nat in hosp	ital, give street addre	ss)	d. STREET	ADDRESS						ESIDENCE A FARM?
WASHIN	GTON COUNTY	HOS	PITAL (D.	. O. A	.)	428	Belve	edere R	oad			NO D
3. NAME OF DECEASED (Type or print)	First WILL	IAM	Middle THOM	AS	YO.		4. DATE OF DEATH	Mont SEPT		30		9 60
5. SEX	6. COLOR OR RACE	- MARRIE	NEVER MARRIE		DATE OF BIR	TH		9. AGE (In years last birthday)	IF UNDER 1	YEAR		
Male	White	WIDOWED	DIVORCED		1907			52 yrs.	Months [25	Haurs	Min.
10a. USUAL OCCUPA during most of we Princ:	ATION (Give kind of work dorking life, even if retired)	Pu E	ND OF BUSINESS OR blic Scho ducation	INDUSTI OO I	RY 11. BIRTHP	OWell	or fareign c	Va.			S.	COUNTRY
13. FATHER'S NAME					14. MOTHER'S							
	L. D. Yost					Eliza	abeth	Neff				
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FOR		OCIAL SECURITY NO.	. 17. li				M. YO		Wii	fe)	
1B. CAUSE OF DEATH [Enter only one cause per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			or (o), (b), and (c).]	lusi				Marylan	4	ONSE	Min.	ATH
	f any, which be mediate cause DUE TO	Cor	ronary Ath	eros	clerosi	is, Se	vere			Re	ecen	t
cause last.	(c)_											
PART II.	OTHER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEAT	H BUT N	OT RELATED TO	O THE TERM	INALDISEASE	CONDITION GIV	EN IN PART		PERFO	AUTOPSY DRMED?
20a. EXTERNAL PRIMARY ar CAUSE OF DEA	CAUSE WAS CONTRIBUTING 120b	. DESCRIBE	HOW INJURY OCCU	RRED. (E	nter nature of	injury in Por	t I ar Port II	of item 1B.)				
	Month, Day, Year m. m. 19	While	Not while at work	Oe. PLAC	CE OF INJURY ory, street, office	(Home, farn ce bldg., etc	n, 20f. (City	ar tawn)	(Cau	nty)		(Stote)
	that I took charge										and	find tha
ACTUAL SIGNATURE	ATW A	Del	lo p		M.U.		KAMINER [9	2/	DATE S	HIGHED
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23. FUNERAL DIRECT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDRESS	001	a dor y		D BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATUR	RE	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

)	1. PLACE OF DEATH o. COUNTY WASHINGTON b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) ATT. CARMEL d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARK MALE 10a. USUAL OCCUPATION (Give kind of work done 10b.)	c. LENGTH OF STAY IN 1b 20 / FAIRS address) Middle	a. STATE MARYLAND c. CITY OR TOWN (If outside corporate MT. CAITMEL d. STREET ADDRESS Last 4. DATE OF DEATHS	e limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? Month Day Yeor
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) AT CARMEL d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE WIDOW! 10a. USUAL OCCUPATION (Give kind of work done 10b.	c. LENGTH OF STAY IN 1b 20 Y FAIRS address) Middle S. ZIM	C. CITY OR TOWN (If outside corporate MT. CAIZME d. STREET ADDRESS Last 4. DATE OF DEATH DEATH DEATH OF DEATH	e limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES ON NO Month Day Yeor
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) AT CARMEL d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE WIDOW! 10a. USUAL OCCUPATION (Give kind of work done 10b.)	20 YEARS AD , [21]. Middle S. ZIM	d. STREET ADDRESS Last Last A. DATE OFATHS	e limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES D NO Month Day Yeor
	d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARK WIDOW! 10a. USUAL OCCUPATION (Give kind of work done 10b.	address) D 1211 Middle S 21M	KETS DY SULLE Lost 4. DATE OF DEATHS	MOnth Day Yeor
	OR INSTITUTION 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARK WIDOW! 10a. USUAL OCCUPATION (Give kind of work done 10b.)	address) D 1211 Middle S 21M	KETS DY SULLE Lost 4. DATE OF DEATHS	MOnth Day Yeor
	3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARE WIDOW 100. USUAL OCCUPATION (Give kind of work done 10b.)	S. ZIM	MERMAN DEATHS	Month Day Yeor
	S. SEX 6. COLOR OR RACE 7. MARK MALE 10a. USUAL OCCUPATION (Give kind of work done 10b.	S. ZIM	MERMAN DEATHS	
)	S. SEX 6. COLOR OR RACE 7. MARK MALE 10a. USUAL OCCUPATION (Give kind of work done 10b.	S. ZIM	MERMAN DEATHS	
)	S. SEX 6. COLOR OR RACE 7. MARK MALE WIDOW 10a. USUAL OCCUPATION (Give kind of work done 10b.	RIED NEVER MARRIED B.	MEKMHA	
)	MALE WHITE WIDOW	LIED THE LACK WINKLED TO SHE	DATE OF BIRTH 9.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
)	10a. USUAL OCCUPATION (Give kind of work done 10b.	ED DIVORCED	15 1041	lost birthdoy) Months Doys Hours Min.
)	dering most of models life and if while the	- 10	Y 11 RIPTHPYACE (State or foreign cour	0 1 100 31
)	during most of working life, even if retired)		The billion pace (slote of foreign coon	12. CHIZZI OF WILL COOKING
)	13. FATHER'S NAME	TENANT	14. MOTHER'S MAIDEN NAME	1. CO. MDL W.S.A.
	IS. PAINER'S HOME		1 . MOTHER'S MAIDEIN NAME	
	Is. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17, INFO	LUCY BE	Address
	(Yes, no or unknown) (If yes, give war or dates of service)			
	NU		S. MARTHA ZIMME	
	1B. CAUSE OF DEATH [Enter only one couse per li	ne far (a), (b), and (c).]	H	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coroners	1 montoss	
	DUE TO	(
	Conditions, if ony, which) (b)			
	gove rise to immediate cause (o), stoting the under-			
	lying couse lost. (c)			
ď	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE C	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
/	=			YES NO
ħ	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II	of item 1B.)
	20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. m. 19 of war	factor	E OF INJURY (Hame, form, 20f. (City or ry, street, office bldg., etc.)	r town) (County) (Stote
	p. m. 19 of war			4
	21. I certify that (I) (this haspital) often	ded the deceased from	fact 5,60 19_ 10/0	19.60 that (1) (we) los
	saw the deceased olive on left to	1964, and that dec	oth occurred of 1/2M, from th	ne couses and on the dote stated obove
	OO SIGNIATION	11-		Qt/ 22b, DATE
	22a. SIGNATURE	11/1.	ATTENDING . MED	// / CICNIER
	SUKI	lan M.		STAFF PHYS. 16 SIGNED
	22c. PHYSICIAN'S NAME (Type)	Man M.	D. ATTENDING MED. DIRECTOR DIR	STAFF SIGNED
	22c. PHYSICIAN'S NAME (Type) G. W.L.	e Van	D. PHYS. DIRECTOR L	STAFF SIGNED
	23c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF PENCYVAL (Specify)	23c, NAME OF CEMETERY OR C	22d. ADDRESS Brons	STAFF // SIGNED
	22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c, NAME OF CEMETERY OR C	D. PHYS. DIRECTOR DIR	STAFF PHYS. N (City, town, or county) SBORO WASH, COMD.

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar remaval, and in any event, yithin 2 haurs after death. DRILEYAN ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

r death. Page 4

TO HOSPITAL VR A15 (4) 1SM 9/59

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